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CSICIANS should OCCUPATION IS PHYSICIANS RECORD Ö statement PERMANENT EXACTLY stated classified. should properly AGE INK supplied. may be UNFADIN certificate. carefully that 20 50 back terms. pinous 00 piain instructions Information _ DEATH See 0 Every Item CAUSE OF Important.

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH

Registration Dist. No..Ward)

If death occurred in a hospital or institution, give its NAME instead ot street and nomber.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS DATE OF DEATH MARRIED, WIOOWED, Leua (Month) OROIVORCED (Write the word) OF BIRTH (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 1 day,....hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of Industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death _____ yrs. ____ mos. ___ State_ Where was disease contracted. KNOWLEDGE If not at place of death? Former or usual residence PATE OF BURIAL 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAS

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. Civil engineer, Stationary freman, etc. But ln many who have no occupation whatever, write Nonc. Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Women at home, who are engaged in the (b) Cotton mill; (a) Salcsman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart discase; Chronic interstitial nephritis. nant neoplasms); Meastes; Whooping cough; Chronie oma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., mia," "Puerpeeal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakuess," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditious, such as "As-Bronchopucumonia (secondary), 10 ds. Never report ample: Mcastcs (disease causing affection need not be stated unless important. ture of the American Medleal Association.) eause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: accidental, suicidal, or isomicidal, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgleal operation was undertaken. "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," is less definite; avoid use of "Tumor" for mallg-The contributory (seeondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of death), 29 ds. For VIO-



PERMANENT BINDING UNFADING INK-THIS IS FOR RESERVED MARGIN PLAINLY, WITH PHYSICIANS should state

EXACTLY.

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CAUSE OF Important. S

N. B.-Every

DEATH

WRITE

S. No. 1.

AGE

supplied.

RECORD

Exact statement of OCCUPATION is very

Village or City Near Downswill.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No. 3//	
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St.; Ward) a hospital or institution give its NAME Instead

2 FULL NAME CUMAWED Prent	ture Sufant (arg) of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
DATE OF BIRTH MN 13 19/5	17 I HEREBY CERTIFY, That I attended deceased from 1915, to MCV 3, 1915.
(Month) (Day (Year) 7 AGE If LESS than 1 dayhrs. 1 day	and that death occurred on the date stated above, at 6.774 m, The CAUSE OF DEATH* was as follows:
© OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in	Prematice Birth (Duration) yrs mos ds.
which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	Contributory Secondary (Signed) (S
13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos. ds Where was disease contracted, if not at place of death? Former or usual residence.
(Address) Toglaslawana	19 PLACE OF BURIAL OR REMOVAL Manarloguetry Holl 3, 191.

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Censns and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING NEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: The (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canscpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," Ex-



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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. BEvery item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See fast inchinations on hark of certificate.
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County Dasheington (NV)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 303
Village or City Clear Springs. 2 FULL NAME James In C	Registration Dist. No. 303 St.; Ward) St.; Ward) Cellere Baker [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Inale Legod Single, Married, Wiower, Word (Write the word)	(Month) (Day (Year)
and Date of BIRTH Unchrowd , 1	1000, 13 1915, to 1000, 15 1, 1915
7 AGE ABOUT (Mouth) (Day (Year) If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at m The CAUSE OF DEATH * was as follows:
(b) General nature of industry, business, or establishment in fruite fely form work which employed (or employer)	Joseph Special Costs Jean Gall Caughing Jean
9 BIRTHPLACE (State or country) When our of the state of country) when our out of the state of state or country) when our out of the state of mother of the state	(Signed) (Si
OF MOTHER (MERNOW W) 13 BIRTHPLACE OF MOTHER (State or country) Currently	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At place to the of deathyrs mos ds.
(Informant) Mary Daker (Address) Clear Spring 18 Filed In 15th, 1912 Martin Boward	Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DITUEL SOUVEYOR A 20 UNDERTAKES ADDRESS
REGISTRAR	tran, 6 E. Franklin St., Ralto, Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salcsman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Preeise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Nevcr return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) ³Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcists of tungs, meninges, peritonaeum, etc., Carcin-

Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease eausing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclainjury, as fracture of skuli, and eonsequences (e. g., such, if impossible to determine definitely. Examples: which surgical operation was undertaken. mia," "Puerreral peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaccause. Aiways qualify ail diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failnre," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, or IIOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as genital," "Contributory." Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head of "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

County Washington 19835	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Lagerstown (No/33, 2 FULL NAME George C. Bear	Registration Dist. No. [If death occurred a hospital or institution give its NAME instead of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Married Wildwed White OR DIVORCED (Write the word)	(Month) (Day) (Yea
G DATE OF BIRTH Office (Day) 186. (Year	1 triac Liast easy if alive of
TAGE If LESS that 1 day, hr OR min. 1 OR min. 1	S.
9 BIRTHPLACE (State or country)	Contributory Secondary (Oursijon) yrs mos
10 NAME OF FATHER Search Beard 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) Saucel W. Saucel P. (Address) Hagis State the DISEASE CAUSING DESTIT, or, in deaths from Violence Causes, state (1) Means of Injury; and (2) whether Accidental Suicidal or Homicidal.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS) At place in the of deathyrs,mosds, State,yrs,mos.
(Informant) The Margarett Beard	Where was disease contracted, if not at place of deeth? Former or wsual residence
15 Filed 12/12/18 131 Henry Savis	19 PLACE OF BURIAL OR REMOVAL Smithburg Hd Let 2:, 1912. 20 UNDERTAKER ADDRESS

[Approved by U. S. Census and American Public Health Association.]

respecially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the precise specification as Day laborer, Farm loborer, Laborer employed, as At school or At home. Care should be state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line write None business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons "Foreman," "Manager," "Dealer," etc., of the second statement. mobile factory. engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupamany occupations a single word or term on the Compositor, Architect, very important, so that the relative healthfulvarious pursuits can be known. The question For persons who have no occupation whatever The material worked on may form part Never return "Laborer, Locomotive engineer, But in many cases, If retired from without more (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichuemia," "Puerperal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Heemorrhage," "Inanition," "Marus-"Anaemia" (merely symptomatic), lapse," "Coma," "Convulsions," symptoms or terminal conditions, such as "Asthema, chopmeumonia (secondary), 10 ds. Example: Measles (disease eausing death), 29 ds.; Brourent) affection need not be stated unless important. nephritis, etc. cough; Chronic valentar heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of " "Old Age," "Shoek," "Uracinia," "Weakness," by railway train-accident; Revolver The nature of the injury, as fracture of skull, The contributory (secondary or intercurcarbolic acid—probably "Debility" ("Con-Never report mere (Recommendations mound



PLACE OF DEATH STATE OF MARYLAND LY. PHYSICIANS Exact statement of CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in a hospital or institution. give its NAME Instead EXACTLY. of street and oumber. RECORD classified, PERSONAL AND STATISTICAL PARTICULARS CERTIFICATE OF DEATH SINGLE. 16 DATE OF DEATH 5 COLOR OR RACE stated MARRIED. WIDOWED OR DIVORCE (Month) properly That I attended deceased from pe 6 DATE OF BIRTH pino cel pe (Month) (Day) (Year) If LESS than 7 AGE of may ш 1 day, hrs. O mlg. ? OR that uo OCCUPATION ed (a) Trade, profession, or suppli ons particular kind of work SO (b) General nature of industry terms, instructi business, or establishment in which emplayed (or employer carefully 9 BIRTHPLACE (State or country) Contributory Secondary ain ain 10 NAME OF be FATHER pino ATH 11 BIRTHPLACE (Addrass) /TU PARENT OF FATHER (State or country) *State the DISEASE CAUSING COURT, or, in deaths the VIOLENT SES, state (1) Means of Input; PLAINLY, ui CAUSES, state (1) MEANS OF IND 02 12 MAIDEN NAME SUICIDAL OF HOMICIDAL. OF MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 0 OR RECENT RESIDENTS) of inform 13 BIRTHPLACE CAUSE In the Al miace (State or country) ol death Stats,yrs, ... 07 _____yrs. _____mas. _____ds. should state CAI Where was dissess contracted. 14 THE ABOVE IS If not al place of death?..... Former or (Informant) usual residence DATE OF BURIAL (Address ., 191 15 20 UNDERTAKER ADDRESS 20 Z If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. I

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Luborer of the second statement. Never return "Lahorer," mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Housemaid, etc. "Foreman," "Manager," "Dealer," etc., without more business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupamany occupations a single word or term on the Compositor, Architect, If the occupation has been changed Locomotive engineer, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same, accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

"Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For VIOLENT DEATHS "PUERPERAL peritonitis," etc. birth or misearriage as "PUERPERAL septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," symptoms or terminal conditions, such as "Asthenia," chopneumonia (seeondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, cte. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of to determine definitely. Examples: Accidental drowning: by railway The nature of the injury, as fracture of skull The contributory (secondary or intercurtrain-accident; Revolver State cause for which Never report mere (Recommendations "Exhaustion, mound.



supplied. AGE should be stated EXACTLY. PHYSICIANS should state may be properly classified. Exact statement of OCCUPATION is very

EXACTLY.

AGE

RECORD

WRITE PLAINLY, WITH N. B.—Every Item of Information sh CAUSE OF DEATH In plain Important. See instructions o S. No. 1.



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 305

DATE OF BIRTH Comparison C	Village or City Benevola (No	St.; Ward) [If death occurred in a hospital or Institution, give its NAME instead of street and number.]
Approach whate monowers word of the word o	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
TAGE (Month) (Day (Year) (Month) (Day (Year) If LESS than 1 day, hrs. (a) Trade, protessish, or particular kind of work. (b) Deerell nature of industry, business, or establishment in which employed (or employer) (B) Contributory (State or country) (Signed)	Fernale White MARRIED, Single ORDIVORCED (Write the word)	(Month) (Day (Year) I HEREBY GERTIFY, That I attended deceased from
Contributory BIRTHPLACE (State or country) 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF FATHER 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MX KNOWLEDGE (Informani) 14 THE ABOVE IS TRUE TO THE BEST OF MX KNOWLEDGE (Informani) (Address) 15 DOLLAR DEATH (Address) 16 DURAtion) (Duration) 17 MAIDEN NAME OF FATHER (State or country) (Contributory Secondary (Signed) (Signed	7 AGE (Month) (Day (Year) 1 day,hrs.	that I last saw here alive on how, 20 m, 1912 and that death occurred on the date stated above, at 10,30 mm
which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE 19 TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 Contributory Secondary (Signed)	(a) Trade, protession, or particular kind of work. (b) General nature of industry,	
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16 Julies town Country Nove 22, 19	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death yrs, mos. ds State yrs, mos. ds Where was disease contracted, if not at place of death?
REGISTRAR William FBast Burges ba.	16 Fled 160, 22, 1915; Ges M. Storn, A. P.	19 PLACE OF BURIAL OR REMOVAL JULIANUM Country 10 1 22, 191, 191, 191, 191, 191, 191, 191

trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not mine, etc. Women at home, who are engaged in the additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of agc. tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) (b) Cotton mill; (a) Salesman, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite symonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcasles (discase causing death), 29 ds.; cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURFAU, V.S.

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No [it death occurred is -Ward) a hospital or jostitution. give its NAME instead of street and number.] Paul Bonebra PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED. ORDIVORCED (Write the word) Serie (Month) (Day DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, a 1 dayhrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in yrs. O mos 2 de which employed (or employer) 9 B!RTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER 11 BIRTHPLACE ARENTS OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country State _____ yrs. ____ mos. __ yrs. mos. Where was disease contracted. It not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 hear to 20 UNDERTAMER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S/No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestie service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and ehildren, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Never (b) Cotton mill; (a) Salesman, return "Laborer," If the occupation has "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

ctc., when a definite disease ean be ascertained as the nant neoplasms); Measles; Whooping cough; Chronic LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State eause for childbirth or miscarriage as "Puerperal septiehacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminai conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and eonsequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) For vio-



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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred in a hospital or institution. give its NAME Instead ot street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH MARRIED, & 1915 WIDDWED, (Month) (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I sttended decessed from OF BIRTH (Month) (Year) 7 AGE It LESS than and that death occurred on the date stated above, a 1 dayhrs. The CAUSE OF DEATH* was as follows: OR 7 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) ot death yrs. mos. ds. State _____ yrs, ____ mos. Where was disease contracted, It not at place of death? .. Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 16



[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers additional line is provided for the latter statement; eases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulgainfully employed, as At school or At home. Care fication as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. etc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canmia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned ture of the American Medical Association.) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," The nature of the Never report For VIO-



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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. If death occurred in a hospital or institution. give its NAME Instead

of street and number. CERTIFICATE OF DEATH (Month) HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above. (Durallon) yrs. mas *State the DISPASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, In Ihe

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If more blanks are needed, address State Register, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. wife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil applies to each and every person, irrespective of age. ness of various pursuits can be known. The question business or industry, and therefore an additional line For many occupations a single word or term on the Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part statement. Never return "Laborer," Architect, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telunus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Uraunia," "Weakness, "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. cough; Chronic valvular heart disease; Chronic interstitial Struck to determine definitely. Examples: Accidental drowning; "PUERPERAL peritonitis," etc. birth or miscarriage etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephralis, etc. "Tumor" for malignant neoplasms); Measles; Whooping by railway train-accident; Revolver wound Always qualify all diseases resulting from child-The contributory (secondary or intercuras "PUERPERAL septichaemia," State cause for which Never report mere "Exhaustion,"



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STATE OF MARYLAND

PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 205 [If death occurred in ...Ward) a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL GERTIFICATE OF DEATH 16 DATE OF DEATH 4 COLOR OR RACE STANGLE, WIDOWED, (Write the word) (Month) (Dav (Year) I HEREBY CERTIFY, That I attended deceased from (Year) (Month) (Day 7 AGE If LESS than and that death occurred on the date stated above, 1 dayhrs. The CAUSE OF DEATH * OR 7 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment to which employed (or employer) 9 BIRTHPLACE (State or country) Contributory 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER AREN. (State or country) DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, stat. (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death State Where was disease contracted, 14 THE ABOVE IS TRUE TO BEST OP MY KNOWLEDGE If not at place of death?... Former or usual residence. 19 PLACE OF AURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

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[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

cause. Always qualify all diseases resulting from ctc, when a definite disease can be ascertained as the nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canmia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, cause of death approved by Committee on Nomenclascpsis, tetanus) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." by carbolie acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably The contributory "Old Age," "Shock," "Uraemia," "Weakness," (Recommendations on statement of may be stated under the head (secondary or intercurrent) Never report

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DEC. 4 1915
BUREAU, V.S.

PHYSICIANS should of OCCUPATION IS RECORD statement PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT EXACTLY. 3 SEX 5 SINGLE, 4 COLOR OR RACE 16 DATE OF DEATH MARRIED, BINDING WIDOWED, (Month) (Write the word) Exact I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH classified. be (Month) (Day (Year) TAGE D it LESS than and that death occurred on the dats stated above, at C no 1 day,....hrs. 0 The CAUSE OF DEATH* was as follows: OR min. ? properly 5 OCCUPATION (a) Trade, protession, or INK particular kind of work ESERVE pe supplied. (b) General nature of industry, UNFADING business, or establishment in may which amployed (or amployer) certificate. 9 BIRTHPLACE (State or country) Contributory. = Secondary 1 10 NAME OF FATHER (Signed) 80 0 ARGIN terms, n bsck ARENTS 11 BIRTHPLACE 2 2 191.5 (Address) / 0 OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME pisin TAL, SUICIDAL, OF HOMICIDAL. ions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Instruct 2 13 BIRTHPLACE At place in the OF MOTHER ot death _____ yrs. ____ mos. ___ ds. (State or country) State yrs, ____ mos, __ WRITE Where was disease contracted. OF MY KNOWLEDGE If not at place of death? A Former or Item Important. osual residence. Every its 19 PLACE OF BURIAL OR REMOVAL 16 20 UNDERTAKER

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1/

STATE OF MARYLAND

CERTIFICATE OF DEATH

Registration Dist. No.

It death occurred in

1915

(Year)

a hospital or institution. give its NAME Instead of street and number.]

(Day

DATE OF BURIAL

ADDRESS

ACE OF DEATH

state Very

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an should be taken to report specifically the occupations duties of the household only (not paid Housekeepers additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in mauy Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Deaier," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, If the occupation has As examples: "Foreman," (6)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal feter (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucises of lungs, meninges, peritonueum, etc., Carcin-

LENT DEATHS state MEANS OF INJURY and qualify als childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the nant neopiasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." injury, as fracture of skuil, and cousequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasgeuitai," "Senile," etc.), "Dropsy," "Coliapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (discase causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciby carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) (Recommendations on statement of death), 29 ds.; "Exhaustion," For vio-



UNFADING

PERMANENT

1 PLACE OF DEATH STATE OF MARYLAND Very CERTIFICATE OF DEATH pinous OCCUPATION Registration Dist. No. PHYSICIANS of statement PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE S SINGLE. MARRIED. WIDOWED. (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH* was as follows: OR 7 ...mos ... properly BOCCUPATION (a) Trade, protession, or particular kind of work supplied. (b) General nature of Industry. business, or establishment in may (Duration)ds. which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER 80 10 back PARENTS 11 BIRTHPLACE OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. EATH in plair e instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) In the of death _____ yrs. ____ mos. ___ ds. State yrs. ____ mos. __ Where was disease contracted. It not at place of death? 0 Former or OF usual residence mportant. Every It OF BURIAL OR BEMOVAL 15 m REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

I'll death occurred in a hospital or institution. give its NAME instead of street and number.]

(Year)

DATE OF BURIAL

ADDRESS

WRITE

[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many oecupations a single word or term on the been changed or given up on account of the nisease (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the misease causing neath (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic "Contributory." injury, as fracture of skull, and eonsequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT NEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitie," etc. State eause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease eausing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomencla-Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of For vio-



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PHYSICIANS

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.4 Ilt death occurred in a hospital or institution. give its NAME instead of sfreef and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE, 16 DATE OF DEATH MARRIED. ORDIVORCEO (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE It LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or (b) General nature of Industry. and his death regulat business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE 191 ... (Address) Hug Erthun OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIPEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE Af place OF MOTHER (State or country) In the ot death _____ yrs. ____ mos. ____ ds. State yrs. mos. Where was disease contracted. If not at place of death?... Former or usual residence. 19 PLACE OF BURIAL OR REMOVA DATE OF BURIAL 16 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 2

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an cases; especially in industrial employments, it is necness of various pursuits can be known. The question essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcasles (disease causing death); 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



1 PLACE OF DEATH	STATE OF MARYLAND
County Jashing low	CERTIFICATE OF DEATH
	Registration Dist. No. 306
Village or City Rouldware los les Extension -	St.; Ward) [It death occurred is a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX . 4 COLOR PRACE 5 SINGLE,	16 DATE OF DEATH MANY ACTION
Male Hite (Write the word)	(Month) (Day (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
6 23 ,844	July 1915, to 1100. 25 12, 1915,
(Month) (Day (Year)	that I last saw h LUM alive on MAU- 24 Lh 1919
7 AGE It LESS than	and that death occurred on the date stated above, at 11 30am,
7/ 5 mos 1 day,hrs.	The CAUSE OF DEATH* was as follows:
BOCCUPATION (a) Trade, profession, or	Chrome Jules Stilias Phy hrutes
particular kind of work. (b) General nature of industry.	#111101 #1 #100000 00000000000000000000
business, or establishment in which employed (or employer)	(Ouration) yrs mosds.
9 BIRTHPLACE (State or country)	Secondary Uralmine Boma
10 NAME OF FATHER Land Extine.	(Signed) (Doration) yrs mos ds.
O 11 BIRTHPLACE	how 25 , 191 (Address) & person felle med
11 BIRTHPLACE OF FATHER (State or country) Chews welle 22 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
a of MOTHER Magadline ay hol	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place in the ot death yrs mos ds. State yrs mos ds
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of death?
(Informant) / sty Extense.	Former or usual residence
(Address) Cherry velle sud	19 BEAGE OF BURIAL OR REMOVAL DATE OF BURIAL
16	20 millowe ma 100 de 1916
Filed Cov. 23, 1915 J. M. Tenguson REGISTRAR	30 UNDERTAKER HOTEN Smithebruy
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But In many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, -Precise statement of occupa-As examples: (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN

V. S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
2 Junolando	CERTIFICATE OF DEATH
County / County	(S) Registered No. 3/6
VIIIage or City Reed, Andle (No.	St; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
FULL NAME	M. A. S.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 STIGLE, MARRIED, Single windles, ORONAGED WINDOWS (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
S DATE OF BIRTH	17 ! HEREBY CERTIFY, That I attended deceased from
1812	, 191, to, 191,
(Month) (Day) (Year)	that I last saw h alive on, 191
7 AGE If LESS than 1 day, hrs.	and that death occurred on the date stated above, at
GOCCUPATION A) Trada, profession, or	•
particular kind of work	
(b) General nature of Industry, business, or establishment in	/B N-
which employed (or employer)	(Ouration) yrsmosds.
9 BIRTHPLACE (State or country)	(Secondary)
Washinder 60.	(Duration)yrsmosds.
10 NAME OF James R. Tusper	(Signed) ————————————————————————————————————
11 BIRTHPLACE OFFATHER (State or country)	Mr. 7, 1915 (Addrass) / whysville me
OF FATHER (State or country) Sharpshure, Maiden Name of Mother 1 77	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJUBY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
a of MOTHER Dattie Maleny.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	At place In the ot death yrs mos ds. State yrs ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
(Interment) January K, Fisher	it not at placa of death? Former or usual residence
(Address) Huggaville mal	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	Ludyspille md 11-1. 1913
Filed My 1912 HTVD WWW REGISTRAR	Motes Suman Veldysmiller
If more blanks are needed, address State Registrar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by L. S. Census and American Public Health Association.]

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state

PHYSICIANS

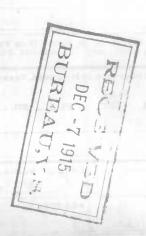
1 PLACE OF DEATH STATE OF MARYLAND Very CERTIFICATE OF DEATH SICIANS should occupation is Registration Dist. No. Q Ilf death occurred in a hospital or institution, give its NAME instead of street and number. I statement PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE, 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, Y WIDOWED, ORDIVORCED (Write the word) (Month) (Day (Year) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at... 1 dayhrs. OR 7 8 OCCUPATION (a) Trade, profession, or moribund particular kind of work mes calle (b) General nature of Industry. business, or establishment in (Duration)vrs. which employed (or employer) -----State or country) Contributory. Secondary (Duration)yrs.....mos.. 10 NAME OF FATHER 0 PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) In the of death yrs. mos. ds. State _____ yrs. ___ mos. __ Where was disease contracted, BESM OF MY KNOWLEDGE If not at place of death? Former or usual residence. mportant. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Barto., Requesting V. S. No. 1.

[Approved by U. S. Censns and American Public Health Association.]

the nature of the business or industry, and therefore an ness of various pursuits can be known. The question who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. (a) Spinner, it should be used only when needed. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, If the occupation has As examples: (4)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitie," etc. State cause for childbirth or misearriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenela-"Contributory." injury, as fracture of skull, and consequences (e. g., "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," affection need not be stated unless important. ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head "Senile," etc.), "Dropsy," (Recommendations on statement of death), 29 ds.; "Exhaustion," For vio-



S. No. 1.

m ż 1 PLACE OF DEATH

County WASHINGTON

Villa



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 300

ge or	City Near	Sharpsburg	(No,	SL;

Ward)

If death occorred in a hospital or institution. give its NAME Instead of street and number.]

2 FULL NAME DANIEL HAMBURGER

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	WIDOWED SINGLE	16 DATE OF DEATH NOV. 29th, 1915 (Month) (Day) (Year)
6 DA	TE OF BIRTH LINE RIVER	that I last saw h alive on
(2	(Month) (Day) (Year) If LESS than 1 day, hrs. OR min. 2 CCUPATION) Trade, profession, or ricular kind of work BOATHAN	and that death occurred on the date stated above, at more than the CAUSE OF DEATH * was as follows: ACCIDENTALLY SHOT BY RIFLE, FROM HIS OWN HAND.
bu) General oature of Industry siness, or establishment in ich employed (or employer)	(Burstlen) yrs. mes. ds.
	RTHPLACE (State or country) UNKNOWN 10 NAME OF	Secondary (Durallen) yrs
RENTS	II BIRTHPLACE OF FATHER (State or country) UNKNOWN 12 MAIDEN NAME	(Signod) (Signod) (Address) (Signod) (M. 6, M. 6, M. 6) (Address) (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
PA	OF MOTHER UNKNOWN 13 BIRTHPLACE OF MOTHER (State or country) UNKNOWN	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ef deathyrsmesds. Stats,yrsmesde.
14 T	(Informant) Chas.R. Renner	Where was disease contrasted, If not at place of deeth ?
16 Fil	(Address) Sharpsburg, Nd.	WILLIANSPORT, Nd. 12/4/, 191.5

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should he wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, ctc. cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physibusiness or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Locomotive engineer, Civil But in many cases, (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

state means of injury and qualify as accidental, suicidal, of homicidal, of as probably such, if impossible to determine definitely. Examples: Accidental drowning: on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and eonsequences (e. g., scpsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichuemia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," cough; Chronic valvular heart disease; Chronic interstitial "PUERPERAL perilonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," cte.), "Dropsy," "Exhaustion," lapse," "Coma," "Convulsions," "Debility" ("Con-"Anaemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of rent) affection need not be stated unless important. by railway Always qualify all diseases resulting from child-The contributory (seeondary or intercurtrain-accident; Revolver wound State cause Never report mere "Atrophy,"



V. S. No. 1.

N.B.

Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very	
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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No Ilt death occurred in .Ward) a hospital or institution. give its NAME instead ot street and nomber.] PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE. 4 COLOR OR RACE DATE OF MARRIED, WIDOWED, (Month) ORDIVERCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE it LESS than and that death occurred on the date stated above, at 9-30 1 day,.....hrs. The CAUSE OF DEATH * was as follows: OR min. ? OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE Contributory. Secondary (State or country (Doration) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death _____ yrs. ___ mos. _ ds. State _ Where was disease contracted. 14 THE ABOVE IS it not at place of death? Former or usual residence. OF RURIAL OR REMOVAL DATE OF BURIAL 16 ADDRESA

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. material worked on may form part of the second it should be used only when needed. Physician, Compositor, Architect, Locomotive engineer, cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state oecupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is neeapplies to each and every person, irrespective of age. ness of various pursuits ean be known. The question who have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclascopsis, tctanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and eonsequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State eause for childbirth or miscarriage as "Puerperal septichaeeause. Always qualify all discases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the Bronchopncumonia (secondary), 10 ds. The contributory Measics (disease eausing death), 29 ds.; (secondary or intercurrent) Never report



S. B.

County Washington 19850	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 302
Village or City Hargeratory (No. Western) 2 FULL NAME Hargarite Hea	St.; Ward) The death occurred in a Who spital of Institution, give its NAME to stead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale white Single, Marked, Widowed OR DIVORCED Con DIVO	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from Nov VI 1916, to Nov VS that I last saw here alive on YG and that death occurred on the date stated above, at 230 fm. The CAUSE OF DEATH * was as fellows:
BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	Gural debell accompany. Si Ironse see age - (Duration) yrs mos ds. Contributory Secondary
11 BIRTHPLACE OF FATHER 12 MAIDEN MAME OF MOTHER OF MOTHER Anny 13 BIRTHPLACE	(Signed) (Signed) (Signed) (Signed) (Address) (Add
(Address) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intermant) Murs. Elizabeth Hoershey (Address) Hegerstown McC 15 Filed 1/27 1815 Harry Stairs	of death yrs. mos. ds. Stale, yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS
REGISTRAR If more blanks are needed, address State Registrar, 1	Watkun Munney Hag, Md, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. C yrs.). For persons who have no occupation whatever state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook, who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Hausemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more employed, as At school or At home. Care should be mill; (a) Solesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton mobile factory. business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, Civil first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-The material worked on may form part If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," I. Lobar pneumonia, Branchopneumania ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetonus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by SUICIDAL, or nomicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deatus cause. Always qualify all diseases resulting from child-birth or miscarriage as "Puenperal sepichacmio," "Puenperal perilonitis," etc. State cause for which Struck by railway train-occident: Revolver wound of ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," genttal," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," chopmeumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrihs, etc. The contributory (secondary or intercurcough; Chronic valeular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping "Anaemia" "Coma," (merely symptomatic), "Atrophy," "Colona," "Convulsions," "Debility" ("Con-"Uracmia," "Weakness, corbolic acid-probably



FOR BINDING RESERVED MARGIN

S. No. 1.

PHYSICIANS should state of OCCUPATION is very RECORD statement PERMANENT classified. UNFADING INK-THIS properly PLAINLY, WITH See instructions o WRITE CAUSE OF Important. S N.B.

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	LACE OF DEATH	19851	/	. 16
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County C	vashou	fron		

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No

[If death occurred in a hospital or institution. give its NAME Instead of street and number.]

SEX COLOR OR RACE SINGLE, MARRIES, WARRIES, ORDINORCED ORDINORCE	PERSONAL AND STATISTICAL PARTICULAR	MEDICAL CERTIFICATE OF DEATH
DATE OF BIRTH Nov Government Governme	2 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OBDIVERCED	16 DATE OF DEATH 2005 9 , 191. (Month) (Day (Year)
SOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER MANY E. Pound 13 BIRTHPLACE OF MOTHER MANY E. Pound 13 BIRTHPLACE OF MOTHER MANY E. Pound 13 BIRTHPLACE OR RECENT RESIDENCE (FOR HOSPITALS, INATITUTIONS, TRANAI OR RECENT RESIDENCE)	E OF BIRTH ROV (Month) (Day	(Year) that I last saw h allve on
State or country) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER SIFTED St. Heureberger 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Many E. Powerd 13 BIRTHPLACE OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSITIONS) 13 BIRTHPLACE OR RECENT RESIDENCE	UPATION ade, protession, or ular kind of work eneral nature of industry, ss, or establishment in	3 months
*State the Disease Causing Deafin, or, in deaths from Vio Causes, state (1) Means of Injury; and (2) whether Acc of Mother Many E. Pound 13 BIRTHPLACE 13 BIRTHPLACE OF RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSI OR RECENT RESIDENTS)	ONAME OF FATHER Effred G. Hermel	Contributory Secondary (Boration) (Signed) Contributory (Boration) (Boration) (Signed) (Signed)
(State or country) of death yrs mos ds. State yrs mos.	of Mother Many E. Pour	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLE CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDE TAL, SUICIDAL, OF HOMICIDAL.
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intermant)	ormant) alfred & Hannel	Where was disease contracted, If not at place of death? Former or
(Address) Hagerstown Ind 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 16 20 UNDERTAKER ADDRESS		, 191, 191

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations who have no occupation whatever, write None. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially ln industrial employments, lt is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, tlon is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (b) If the occupation has As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine dcfinltely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senilc," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," ample: Measles (disease causing affection need not be stated unless important. sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accident; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of death), 29 ds.; Nevcr report For VIO-



1 PLACE OF DEATH STATE OF MARYLAND PHYSICIANS t statement of CERTIFICATE OF DEATH Registration Dist. No. If death occurred in a hospital or institution. give Its NAME Instead of street and number. EXACTL RECORD classified PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE SINGLE. 16 DATE OF DEATH stated MARRIED WIDOWED OR DIVOR (Month) I HEREBY CERTIFY. That I attended deceased from prope 6 DATE OF BIRTH one should cel 90 (Year) 7 AGE If LESS than of may and that death occurred on the date stated above 1 day, hrs. O The CAUSE OF DEATH * was as follows: OR min. ? that OCCUPATION 20 ed (a) Trade, profession, or particular kind of work 20 (b) General nature of lodustry terms, structi business, or establishment in (Burstian) which employed (or employer 9 BIRTHPLACE (State or country) Contributor Secondary 2 10 NAME OF FATHER (Signad) Important I RENTS State or coun *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURT; and (2) whether Accidental, ۵ 12 MAIDEN NAME SUICIDAL OF HOMICIDAL. OF MOTHER EOF LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE CAUSI Al placa in the of Infor OF MOTHER S (State or country) of death yts. should state CA Where was disease contrasted. 14 THE ABOVE IS if not al place of death?..... (Informant) usual residance PLACE OF BURIAL OR BEMOVAL DATE OF BURIAL Address 15 20 UNDERTAKER ADDRESS 0 REGISTRAR ż If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (refired state occupation at beginning of illness. or given up on account of the disease causing neath, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," Compositor, Architect, For persons who have no occupation whatever, The material worked on may form part Locomotive engineer, But in many cases, If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING NEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tdanus) may be stated suicide. The nature of the injury, as fracture of skull, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning: etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracinia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy,' lapse," "Coma," "Convulsions," "Debility" on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee head-homicide; Poisoned by carbolic acid-probably surgical operation was undertaken. For violent neatus "PUERPERAL peritonitis," etc. eause. Always qualify all diseases resulting from childgenital," "Scnile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hacmorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping or miscarriage as "Puenpenal sephichaemia," by railway The contributory (secondary or intercurtrain-accident; Revolver wound State cause for which Never report mere "Atrophy," ("Con-



Cour	nty Washington	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2
Villa	ge or City Hagerstown (No. Bel 2 FULL NAME George Hah	levue st.; Ward) [If death occurry a hospital or instilled give its NAME in ot street and number of street and nu
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	ale 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Month) (Day) (Month)
6 DA	(Month) (Day) , 1.839	that I last saw h alive on 27 18
7 AG		and that death occurred on the date stated above, at \mathcal{L} , The CAUSE OF DEATH * was as follows:
par	CCUPATION 1) Trade, profession, or ricular kind of work 2) General nature of Industry siness, or establishment in	(Quellan)
par b bus wh	t) trade, profession, or tricular kind of work	Contributory Filorid Phillipsis Secondary
9 Bi	10 rade, profession, or ricular kind of work. 1) General nature of Industry siness, or establishment in hich employed (or employer). 10 rame of father land of the sine of t	Contributory Fihrid Philipio Secondary (Signed) (Signed) (Signed)
o Bu	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME	Contributory Filorid Phillipsis Secondary (Burstlen) / yrs. 6 mos.
9 Bi	10 NAME OF FATHER 11 BIRTHPLACE OF MOTHER 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER 13 BIRTHPLACE OF MOTHER 14 BIRTHPLACE OF MOTHER 15 BIRTHPLACE OF MOTHER 16 BIRTHPLACE OF MOTHER 17 BIRTHPLACE OF MOTHER 18 BIRTHPLACE OF MOTHER 19 BIRTHPLACE OF MOTHER 19 BIRTHPLACE OF MOTHER 10 MAIDEN NAME OF MOTHER 10 BIRTHPLACE OF MOTHER	Contributory Fibroid Philippe Secondary (Signed) (Signed) (Address) (Address) (Signed) *State the DISPASE CAUSING DRATH OF, in deaths from VIOLE CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT. SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANS OR RECENT RESIDENTS) At place In the
PAA R N T N T N T N T N T N T N T N T N T N	10 NAME OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER 13 BIRTHPLACE OF MOTHER 14 BIRTHPLACE OF MOTHER 15 BIRTHPLACE OF MOTHER 16 BIRTHPLACE OF MOTHER 17 BIRTHPLACE OF MOTHER 18 BIRTHPLACE OF MOTHER 19 BIRTHPLACE OF MOTHER 19 BIRTHPLACE OF MOTHER	Contributory Fibrio Philipia Secondary (Signed) (Signed) *State the DISFASE CAUSING DEATH of, in deaths from Viole CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT. SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANS OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. Slats, yrs. mos. Where was disease contracted, if not at place of death? Former or
PAA R N T N T N T N T N T N T N T N T N T N	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 BIRTHPLACE OF MOTHER (State or country) 15 BIRTHPLACE OF MOTHER (State or country) 16 BIRTHPLACE OF MOTHER (State or country) 17 MAIDEN NAME OF MOTHER (State or country) 18 BIRTHPLACE OF MOTHER (State or country) 19 MAIDEN NAME OF MOTHER (State or country) 10 MAIDEN NAME OF MOTHER (State or country) 11 BIRTHPLACE OF MOTHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country)	Contributory Physio Philips Secondary (Signed) (Signed) *State the DISEASE CAUSING DEATH of, in deaths from Viole Causes, state (1) Means of Injury; and (2) whether Accident. SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANS OR RECENT RESIDENTS) At place of death yrs. mos. ds. Slats, yrs. mos. Where was disease contracted, if not at place of death?

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servent, Cook, who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day loborer, Form loborer, Laborer mill; (a) Salesmon, (b) Grocery; (a) Foremon, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton taken to report specifically the occupations of persons mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer. Stationary fireman, etc. cian, Compositor, Architect, first line will be sufficient, e. g., Former or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Locomotive engineer, But in many cases, If retired from The question

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meningualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenelature of the American Medical Association.) on statement of eause of death approved by Committee SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: nius, under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telonus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Anaemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" "Puerperal perilonitis," birth or iniscarriage as "Puerpenal septichaemia," eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "H::emorrhage," "Inamition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephrilis, etc. cough; Chronic valentar heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sorcomo, etc., of (name origin; "Cancer" is less definite; avoid use of by roilway train-accident; Revolver wound The contributory (secondary or intercuretc.). etc. "Dropsy," carbolic acid-probably State cause for which Never report mere "Atrophy," "Exhaustion, ("Con-



WRITE PLAINLY, WITH UNFADING INK-THIS IS

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of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. CAUSE OF Important.

RECORD

PERMANENT

1 PLACE OF DEATH Wastington

19854



STATE OF MARYLAND CERTIFICATE OF DEATH

County Frauning	Registration Dist. No. 306
Village or City Pennggold (No., -	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the Word) Withouted	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from 1914, to 1915.
(Month) (Day (Year) 7 AGE It LESS than 1 day,hrs. ORmln. ?	that I last aaw here alive on Nov 16th, 1915 and that death occurred on the date stated above, at 8 20pm, The CAUSE OF DEATH* was as follows:
a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Ouration) 2 yrs: mos. ds. Contributory Secondary
10 NAME OF FATHER JOSefh Barkdoll 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) Joseph Side Mos. M. D. Nov 20 2 1915 (Address) Smithsburg Mg. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA, OR RECENT REGIDENTA) At place In the of death
(Address) Kinggold Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL River Brethum True yd 1915. 20 UNDERTAKER Ringgold my ADORESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care duties of the household only (not paid Housekcepers statement. Never return "Laborer," Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, "Mauager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the (b) Cotton mill; (a) Salesman, Laborer As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) flyphoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OR HOMICIDAL, OR AS probably mia," "l'UERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medicai Association. "Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. The contributory (secondary or intercurrent) (Recommendations on statement of death), 29 ds.; "Exhaustion," For vio-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

RECORD

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH	STATE OF MARYLAND
Ma. 1. 1-1300/X	
County Valueglow	Attornation gave purmit in my Dist.
	Hoffmaster gave Jumit in my Dist. Tournstine Registration Dist. No. 3/1
Village or City Largan. Ald (No.	St.; Ward) St.; Ward) [If death occurred in a hospital or institution, give its HAME instead of street and nomber.]
FULL NAME Januy CAM	unia fuguum
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
The Made while, (Single, MARIED, Desigle WIDOWED, ORDIVORCED (Write the Word)	(Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
10 31 1915	Mov. 12", 1915, to hove. 13", 1915.
(Month) (Day (Year)	that I last saw her allve on her 1300, 1915
⁷ AGE If LESS than	and that death occurred on the date stated above, at 1/55 Pm.
f day,hrs.	The CAUSE OF DEATH* was as follows:
yrs	and Indigitation
8 CCUPATION (a) Trade, protession, or	The state of the s
particular kind of work (WWW	
(b) General nature of Industry, business, or establishment in	
which employed (or employer)	(Ouration)yrsmosds.
9 BIRTHPLACE (State or country)	Contributory Secondary
	(Duration) yrs mos ds
10 NAME OF PATHER PARAMETERS	(Signed) S. Howell Pranches, M. D.
O 11 BIRTHPLACE OF FATHER	11/14 , 1915 (Address) Strangesling had
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
a OF MOTHER MOINGING	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER	At place . In the
OF MOTHER (State or country)	ot death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant/ Monao: /? Grenny	Former or
(RIFF # Grand Halla	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) (1. Maarpersplans	DATE OF BURIAL OR REMOVAL DATE OF BURIAL
16	20 UNDERTAKER ADDRESS
Filed 1915	Alay II 18 m
REGISTRAR	That Karlier Hompowferry Ville
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
Feled Nov 16th 1915, O.M. C. Founting	ar.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: causing death, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, "Manager," "Dealer," etc., without more precise speciit should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, As examples: (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclavalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) "Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal scptichaccause. ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senilc," etc.), "Dropsy," "Exbaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report



UNFADING INK-THIS.

WRITE PLAINLY, WITH

RECORD

PERMANENT

Every Item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

[If death occurred in

Tayers

FULL NAME Jessie Jackson	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Per de White Single, Married Wiowed, ORDINORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
7 AGE (Month) (Day (Year) 7 AGE (1 LESS fhan 1 day, hrs. OR min.?	that I leat sew here slive on the date stated above, at The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	Julistical December 1 (Ouration) yrs mos ds. Contributory typhocolytems.
10 NAME OF FATHER CLARTES Butto 11 BIRTHPLACE OF FATHER (State or country) / RG Lucia 12 MAIDEN NAMEO	(Signed)
of Mother of Le Mother 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA. OR RECENT RESIDENTS) At place In the of death yrs mos ds Where was disease contracted, If not at place of death? former or usual residence.
(Address) Lesseny Na 16 Filed 1/8, 1915 Heury Davis	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL NO. 1915 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

essary to know (a) the kind of work and also (b) tion is very important, so that the relative healthfulthe nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits ean be known. The question additional line is provided for the latter statement; eases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-If retired from business, that fact may be indi-Never return "Laborer," -Precise statement of occupa-"Foreman,"

Statement of cause of death—Name, first, the disease causing dearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemla" (merely symptomatle), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligmia," "Puerperal peritonitis," etc. State eause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenela-"Contributory." sepsis, tetanus) may be stated under the head Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. ehildbirth or miscarriage as "Puerperal septichaeete, when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) injury, as fracture of skull, and eonsequenees (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) For vio-



V. S. No. 1.

N. B.

	PLACE OF DEATH	STATE OF MARYLAND
Coun	Mashington	CERTIFICATE OF DEATH
Ooun		Registration Dist. No. 200
	Halaerston Hallen	riger (19) St. 2 Ward) [If death occurred in
Villa	ge or City (No.)	a hospital or institution, give its NAME instead
	2 FULL NAME May, UE	Gones. of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	WIDOWED OR DIVORCED	16 OATE OF DEATH // /9 , 1915 (Month) (Day) (Year)
6 04	TE OF BIRTH	HEREBY CERTIFY, That I attended deceased from
	30 815	1915, to hr 8, 1915,
-	(Month) (Day) (Year)	that I last saw here alive on
7 AG	If LESS than 1 day, hrs.	and that death occurred on the date stated above, at 3. 1.m.
	yrs, mos, ds. OR min.?	The CAUSE OF DEATH * was as follows:
J/a	CCUPATION) Trade, profession, or ricular kind of work	
(b) General nature of Industry siness, or establishment in	0.41
wh	nich employed (or employer)	Contributory Cerebrae rue in the
9 8	(State or country)	Secondary
-	10 NAME OF GO	(Burellon), yre. mas. 2 da
	FATHER Cliner B. Cones.	(Signed)
STY	11 BIRTHPLACE OF FATHER (State or country) Booms for ex-	State the Distance Causing Deart or, in deaths from Violent
RENT	12 MAIDEN NAME d /0 //	CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal or Homicidal.
PA	OF MOTHER ESther House	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country)	At place in the pf deathyrsmosds.' State,yrsmoa. ds
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) & Sther Herse	Former or
	Huberotain.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	(Address)	Tunkstum Jud 21, 1915
	101 / 20- 1915 Hoerry Drives	20 UNDERTAKER ADDRESS
	REGISTRAR	I to Bullen Junses
	If more blanks are needed, address State Registrar,	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

6 yrs.). For persons who have no occupation whatever write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part "Foreman," "Manager, of the seeond statement. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, applies to each and every person, irrespective of agefirst line will be sufficient, c. g., Farmer or Planter, Physiness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupamany occupations a single word or term on the ," "Dealer," etc., without more Never return Locomolive engineer, If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemie ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

mus," genital," on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and eonsequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably surgical operation was undertaken. For violent deaths birth or misearriage as "Puerperal sephchaemia," "Puerperal peritonilis," etc. State cause for which on Nomenelature of the American Medical Association.) suicide. The nature of the injury, as fracture of skull Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drouving; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accidental, eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy," hapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (seeondary), 10 ds. rent) affection need not be stated unless important cough; Chronic valeular heart disease; Chronic interstitial "Heart failure," "Haemorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 ds.; Bronnephrilis, etc. "Tumor" for malignant neophasins); Measles, Whooping "Old Age," "Shock," "Urat mia," "Weakness," "Senile," etc.), The contributory (secondary or intercur-"Dropsy," Never report mere "Exhaustion,"

If this certificate is looked over thoroughly and all quostions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC -7 1915
BURDAU, V.S.

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospital or institution. give its NAME Instead of street and number. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. DATE OF DEATH MARRIED. WIDOWED, (Year) ORDIVORCED (Write the word) (Day I HEREBY CERTIFY, That I attended deceased from (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of indostry. business, or establishment lo which employed (or employer) 9 SIRTHPLACE (State or country) Contributory 10 NAME OF FATHER (Signed) 11 BIRTHPLACE PARENT (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) State _____ yrs. ____ mos. Where was disease contracted. If not at place of death? Former or usual residence DATE OF BURIAL 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers statement. it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the (a) Spinner, (b). Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Oerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup";) *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite): *Tubercu-lesis of lungs, meninges, peritonaeum*, etc., *Carcin-*

mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcasles (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canscpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

V. S. No. 1.

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	PLACE OF DEATH	STATE OF MA	ARYLAND
Coun	y Washinghore	CERTIFICATE	OF DEATH
		Registration I	Dist. No. 31/
Villag	ge or City Inercessalle (No.	St;Ward)	[If death occurred in a hospital or institution,
m.	2 FULL NAME DOED THY	M. Ansole	give its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 SE	riale Halle Single, Married, Sigle Wilowed On Divorced (Write the word)	16 DATE OF DEATH NOV	
6 DA	TE OF BIRTH	HEREBY CERTIFY, That I a	ettended deceased from
	(Month) (Day) (Year)	that I last saw h & alive on Me	N. 22 , 1915
7 AG	E If LESS than 1 day,hrs.	and that death occurred on the date.	
	yrs. mos. 2 ds. OR mla.?	The CAUSE OF DEATH * was as foll	ows:
8/00	Trade, profession, or	Brouchitis	
bai	ticular kind of work General nature of industry		
bus	iness, or establishment in ch employed (or employer)	(Duration)	yra. mos. H da
	RTHPLACE (State or country)	Contributory & uflanu	nations
	mercer gill	- an welsters (Buration)	yrs. mos. l D da
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 (Signed) 13 (Addrawa) 14 (State or country) 15 (State or country) 16 (State or country) 17 (State or country)		(Signed) M. Celebra	and .m.o
		or, in deaths from VIOLENT	
RENT	12 MAIDEN NAME COO A	State the DISEASE CAUSING DEATH, CAUSES, state (1) Wrans of Injuny; and Suicidal of Homicidal.	1 (2) whether ACCIDENTAL,
PA	OF MOTHER. That a Specyfur	18 LENGTH OF RESIDENCE (FOR HOSPITAL	S, INSTITUTIONS, TRANSIENTS
	13 BIRTHPLACE OF MOTHER	OR RECENT RESIDENTS) At place In the state of the state o	ne nta,yrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		Where was disease contracted,	ica,
	(Informant) Mrs. Ella Anode	If not all place oil death?	*
	(Address) Sharpsburg Md	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
15	To me Pot it	1 balzensville	200 2 4 , 1913
File	10 NOV 23, 1915 N MINISPECTION	20 UNDERTAKER	ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. or given up on account of the disease causing death, employed, as At school or At home. Care should be -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton write None. business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Groccry; (a) Foreman, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Housework, or At Home, and children, not gainfully For persons who have no occupation whatever, Locomotive engineer, But in many cases, If retired from The question (b) Auto-

CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

suicide. The nature of the injury, as fracture of skull, on Nomenelature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as surgical operation was undertaken. For violent deaths cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Concough; Chronic valvular heart disease; Chronic interstitial Struck by railway to determine definitely. Examples: Accidental drowning; "PUERPERAL peritonitis," etc. birth or miscarriage as "PUERPERAL septicharmia," symptonis or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of genital," "Senile," etc.), "Dropsy," "Exhaustion," nephralis, etc. "Tumor" for malignant neoplasms); Measles; Whooping The contributory (secondary or intercurtrain-accident; Revolver State cause for which Never report mere ACCIDENTAL, wound of



V. S. No. 1.

Cour	place of DEATH 19860 19860 19860 2 FULL NAME Prancis Long	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3 0 st.; Ward) St.; Ward) Grace Registration Dist. No. 3 0 [If death occurred in a hospital or institution, give its MAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	1 2 2 2 2 2	16 DATE OF DEATH (Month) (Day) (Year)
7 AG	TE OF BIRTH (Month) (Day) (Year)	that I last saw h Lating on Many 25, 1915, to 1915, to 1915, to 1915, 1915, to 1915,
bu wh	10 NAME OF FATHER 11 BIRTHPLACE 12 BIRTHPLACE 13 BIRTHPLACE 14 BIRTHPLACE 15 BIRTHPLACE 16 BIRTHPLACE 17 BIRTHPLACE 18 BIRTHPLACE 18 BIRTHPLACE 19 BIRTHPLACE 10 NAME OF FATHER 10 NAME OF FATHER 11 BIRTHPLACE	Contributory Explication yrs. mos. da Contributory Explication Secondary (Ouration) yrs. mos. ds (Signed) LUS Richard yrs. M. O 710V. 26, 1915 (Address LUILliansfort No.
PARENTS	OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place to that of death yrs. mos. ds. State, yrs. mos. dawners was disease contracted,
15 Fil	(Informant) Oliver Summers (Address) Williamsfyst Ma 1ed Nov 27, 1915 le G. Roickard REGISTRAR	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL PULLIANS AND ADDRESS ADDRES
	If more blanks are needed, address State Registrar,	to w. oaratoga ot., Dates, nequesting v. o. 110. 1.

[Approved by U. S. Census and American Public Health Association.]

or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. tion is very important, so that the relative healthfulengineer, Stationary fireman, etc. But in many cases, For many occupations a single word or term on the ness of various pursuits can be known. The question Coal mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, Women at home, who are engaged in Locomotive engineer, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee and consequences (c. g., sepsis, tetanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; on Nomenclature of the American Medical Association.) under the head of "Contributory." suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "PUERPERAL septieharmia, mus," "Old Age," "Shock," "Uracmia," "Weakness, "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Struck by railway train-accident; Revolver "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inamition," "Marasgenital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia ehopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. eough; Chronic valuular heart disease; Chronic interstilial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of . . The contributory (secondary or intercur-"Dropsy," "Exhaustion," State cause for which Never report mere (Recommendations wound of



STATE OF MARYLAND HYSICIANS CERTIFICATE OF DEATH Registration Dist. No. If death occurred in 0. a hospital or institution. give its NAME instead of street and number. RECORD assified PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH u 3 SEX SINGLE, 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIOOWEO ਰ OR DIVOR (Month) HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH Z pino Ce (Month) (Year) ق If LESS than 7 AGE and that death occurred on the date stated above, at ш 1 day, hrs. E back O The CAUSE OF DEATH * was as follows: OR mla.? mos. BOCCUPATION tha T ō (a) Trade, profession, or 0 suppli particular kind of work. So E O (b) General nature of lodustry business, or establishment in termi which employed (or employer) 9 BIRTHPLACE Contributory Secondary (State or country) (Buration) BU 10 NAME OF FATHER (Signed) 11 BIRTHPLACE FNA OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJUST; and (2) whether ACCIDENTAL, 12 MAIDEN NAME EQ Œ SUICIDAL OF HOMICIDAL. OF MOTHER B LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 0 OR RECENT RESLOENTS) EW 13 BIRTHPLACE At piscs to the S OF MOTHER (State or country) of death State. \supset PATION Where was disease contracted, MY-KNOWLEDGE If not al place of death? of usual residence should soccup 19 BURGE OF BURJAL OR DATE OF BURIAL 15 20 UNDERTAKER ADDREBS Filed. REGISTRAR If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Crocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton Housemaid, etc. If the occupation has been changed employed, as At school or At home. Care should be precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dcaler," etc., mobile factory. business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question is provided for the latter statement; it should be used engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, For persons who have no occupation whatever, Stationary fireman, etc. But in many cases, The material worked on may form part If retired from without more

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Rronchopneumonia ("Pneumonia, "unqualified, is indefinite); Tuberculosis of lungs, menin-

SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train—accident; Revolver wound of "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, letanus) may be stated head-homicide; Poisoned by carbolic acid-probably state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," chopneumonia (seeondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronie interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; or miscarriage as "Puerpenal septichaemia," Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Cancer" is less definite; avoid use of The contributory (secondary or intercur-State cause for which Never report mere



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS

County Washington 19863	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No
Village or City////////////////////////////////////	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX COLOR OF RACE MARRIED, MANUEL WIDOWED. OF DIVORCED (Write the word)	16 DATE OF DEATH Norman 13 , 191 (Month) (Day (Year) 17
Jeb. Q 1877	that I last saw h in allycon Two 14 th,
7 AGE (Month) (Day (Year) 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at \$ 200 m, The CAUSE OF DEATH* was as follows:
Soccupation (a) Trade, protession, or particular kind of work (b) Control palms of industry	Pranouis
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos 9 ds.
9 BIRTHPLACE (State or country) Whips Cove Paus	Contributory Secondary (Ouration) yrs mos ds
10 NAME OF THIS PROPERTY OF THE PROPERTY OF TH	(Signed) WS Son, M. D.
11 BIRTHPLACE OF FATHER	11/15 , 191 J (Address) Haucoch Mid
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 2 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, OF, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs mos ds. State yrs mos ds
(Informant)	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Hancock Md.	19 PLACE OF BURIAL OR REMOVAL STATE OF BURIAL
Filed Mor IV, 1914 I SELECTIONS REGISTRAN	20 UNDERTAKER ADDRESS SE

If more blanks are needed, address State Registrar, 6 E. Franklin St., Ralto., Requesting V. S. Novi.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many ness of various parsuits can be known. The question who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronie "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Auaemia" (mercly symptomatic), "Atrophy," affection need not be stated unless important. oma, Sareoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabily which surgical operation was undertaken. For viomia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. thre of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." Accidental drowning; Struck by railway train—acci-LENT DEATHS state MEANS OF INJURY and qualify as dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or Intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report



(SICIANS should OCCUPATION IS PHYSICIANS of statement PERMANENT ciassiffed. properly UNFADING certifica 0 0 terms, n back EATH in plain s instructions WRITE 50 A 90 mportant. CAUSE

state Very

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 9 Ilt death occurred le a hospital or institution. give its NAME Instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. DATE OF DEATH MARRIED. 1910 WIDOWED, ORDIVERCED (Write the word) (Month) (Day (Year) attended deceased from 6 DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date atated above, at 1 dayhrs. The CAUSE OF DEATH * was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) BIRTHPLACE Contributory. Secondary (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER of death yrs. mos. ds. (State or country State yrs, ____ mos. _ 14 THE ABOVE Where was disease contracted. If not at place of death? Former or usual residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address)..... 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health

ness of various pursuits can be known. The question the nature of the business or industry, and therefore an should be taken to report specifically the occupations duties of the household only (not paid Housekeepers cases, especially in industrial employments, it is nec-Civit engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day taborer, Farm taborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never material worked on may form part of the second Grocery; (a) Foreman, (b) Automobite factory. The it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfulbeen changed or given up on account of the nisease (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-(b) Cotton milt; (a) Satesman, return "Laborer," As examples: "Foreman," (4)

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1 PLACE OF DEATH STATE OF MARYLAND PHYSICIANS t statement of CERTIFICATE OF Registration Dist. No. f if death occurred in a hespital or institution. xact give its NAME instead Exa -Marskall of street and number. RECORD EXACT properly classified PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH SINGLE, 3 SEX MARRIED, WIDOWED OR GIVORCEO (WILL The WORD) PERMANENT (Month) (Day) certificate attended deceased from should be 00 (Day) Year) (Month) If LESS than 10 7 AGE may ш 1 day, hrs. back The CAUSE OF DEATH * was as follows: C OR min.? + that (a) Trade, profession, or 9 supplied Instructions particular kind of work (b) General nature of lodustry business, or establishment in carefully which employed (or employer) Contributory 9 BIRTHPLACE See In 10 NAME OF pe WITH L pino important. I 11 BIRTHPLACE ENT AT *State the DISEASE CAUSING DEATH, of In deaths from VIOLENT SES, state (I) MEANS OF INJURY; and (2) whether Accidental, OF FATHER (State or country). CAUSES, state (1) MEANS OF INJURY; and 10 SUICIDAL OF HOMICIDAL. 0 00 12 MAIDEN NAN of information OF MOTHE 81 4 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 0 Very Ш BIRTHPLACE CAUS OF MOTHERyra.maa. 100 (State or country Should state CAL Where was disasse contracted, 14 THE ABOVE IS if not at place of doath? Formar ar usual residence 0 Z If more blanks are needed, address State-Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEG. 4 1915
BUREAU.V.S.

1 PLACE OF DEATH STATE OF MARYLAND PHYSICIANS TStevement of CERTIFICATE OF DEATH Registration Dist. No. 4 If death occurred in a hospital or institution. give its NAME instead EXACTLY of street and number. RECORD PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH -5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. PERMANENT WIDOWED OR DIVORCED (Write the word) 0 (Month) (1) (1) av) 22 (Year) 17 I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH pro pino 0 (Month) (Year) 9 Of 7 AGE If LESS than and that death occurred on the date stated above, at 🗷 Ш 1 day, hrs. S E O The CAUSE OF DEATH * was as follows: min. ? d pa c OCCUPATION pplied tha 0 (a) Trade, profession, or particular kind of work INK 00 S (b) General nature of industry business, or establishment in struci terms which employed (or employer) 9 BIRTHPLACE (State or country) 2 c ca 63 0 0 20 10 NAME OF FATHER ۵ 70 rtant I 11 BIRTHPLACE RENT OF FATHER *State the DISEASE CAUSING DEATH, OF A deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, «I un (State or country) W W 50 12 MAIDEN NAME SUICIDAL OF HOMICIDAL. 4 OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 0 OR RECENT RESIDENTS) Еш 13 BIRTHPLACE inform At place in the S OF MOTHER 2 S (State or country of deathyrs.mes. Slate, yrs. ... WRITE Where was disease contracted. 14 THE ABOVE IS TRUE Every item of a should state C 90 If not at place of death?. Former or usual residence DATE OF BURIAL BURJAL OR BEMOVAL 15 UNDERTAKER ADDRESS Filed. 0 Z If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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V. S. No. 1.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH 19866	STATE OF MARYLAND CERTIFICATE OF DEATH
County Marking Lon	Registration Dist. No. 3/
Village or City war Bretheds (No	St.; Ward) [If death or a hospital or ligive its NAM] of street and
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male. Hute 5 SINGLE, MARRIEO, WIOOWED OR DIVORCED (Write the word)	16 DATE OF DEATH TOO (Month) (Day)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h 4 allye on 200 5
7 AGE If LESS than 1 day, hrs. OR mile.?	and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in	Circle Production (Question) vrs. mos
9 BIRTHPLACE (State or country) Marufaud	Contributory Secondary (Burglian)
10 NAME OF FATHER Victor Meta 11 BIRTHPLACE OF FATHER (State or country) Maryland.	(Signed) Joles Davidor 200 L 191 V (Address) Brown V State the DISEASE CAUSING DEATH, or, in deaths from V
12 MAIOEN NAME OF MOTHER MARY MILLIU	CAUSES, STATE (1) MEANS OF INJURY; and (2) whether Accept Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TR
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	OR RECENT RESIDENTS) At pisce In the ef death yrs. mes ds. State, yrs. mes Where was disease contracted,
(Informant) Meta In mety	If not st place of death?
(Address) Brettieds mid 16 Filed MV 6 1915-1)-M. Reichard	Monor Cenebry Mov. 7 20 UNDERTAKER ADDRESS
	A Montess

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suicide. The nature of the injury, as fracture of skull, on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated Struck surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage cause. mus," "Old Age," "Shock," "Uraemia," "Weakness, genital," "Senile," etc.), "Dropsy," "Anaemia" (mercly symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of to determine definitely. "Heart failure," "Haemorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping when a definite disease can be ascertained as the Always qualify all diseases resulting from childby railway The contributory (secondary or intercurtrain-accident; Revolver wound as "Puerperal septichuemia," Examples: Accidental drowning; State cause for which Never report mere "Exhaustion,"



V. S. No. 1.

Cour	nty Washington (No. 42, 13	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospital or institution, give its NAME instead	
	2 FULL NAME John H. H.	of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3 SE	Ade COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED OR DIVORCED (Write the word)	(Month) (Day) (Year) I HEREBY CERTIFY, That I attended deceased from	
6 DA	ATE OF BIRTH	Oct. 1915 to OWN. 1016, 1915,	
E	(Month) (Day) (Year)	that I last saw h im alive on fer 10 th 1915;	
7 AC		and that death occurred on the date stated above, at / 0, 10 m.	
-	58 yrs. 3 mes. 3 ds. 1 day. hrs. or min.?	Children Mulitus	
	CCUPATION a) Trade, profession, or urticular kind of work		
) bu	b) General nature of Industry usiness, or establishment in hich employed (or employer)	(Durstlon) 3 yrs. mos. ds.	
	(State or country)	Secondary (Burallon)	
(0)	10 NAME OF Pli MC Hillen	(Signed) Alleberta , M. O.	
PARENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the Diskase Causing Death, for in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.	
PAR	of MOTHER Tatherine Walker	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,	
	13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) Al place In the of deethyrs	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) A M. H.		If not at place of death?	
_	(Address) Hagustown Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
15 FI	led 11/10, 1915 Helly Waves	Wattern Minnel Rag. Md.	
If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.			

LOOPE

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseemployed, as At school or At home. Care should be the duties of the household only (not paid Housekeepers of the second statement. Never return "Labover," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton precise specification as Day laborer, Farm laborer, Laborer is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question -Coal mine, etc. Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-The material worked on may form part Women at home, who are engaged in But in many cases, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"; Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosts of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, nius, surgical operation was undertaken. For violent deaths "Tuerperal perilonitis," etc. birth or miscarriage cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Heemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility". symptoms or terminal conditions, such as "Asthenia, rent) affection need not be stated unless important nephrilis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial chopmeumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping " "Old Age," "Shock," "Uracmia," "Weakness," by railway train-accident; Revolver wound The nature of the injury, as, fracture of skull, as "Puerperal septichaemia," "Dropsy," State cause for which "Atrophy," Never report mere "Exhaustion,"



STATE OF MARYLAND PLACE OF DEATH HYSICIANS statement of CERTIFICATE OF DEATH Registration Dist. No. If death occurred in a hospital or institution. give its NAME instead of street and number.] RECORD EXACT MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS SINGLE. 16 DATE OF DEATH 4 COLOR OR BACE class 3 SEX 191 stated MARRIED, WIDOWED OR DIVORCED (Write the word) (Month) (Dav) (Year) be properly certificate. I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH ğ . 191 to pino that I last saw h allve on (Year) pe (Dav) (Month If LESS fhan and that death occurred on the date stated above, at 7 AGE 57 may OF 1 day, hrs. lal. back The CAUSE OF DEATH * was as follows: (5 mla. ? 4 + so that uo 8 OCCUPATION supplied (a) Trade, profession, or ons particular kind of work. b) General nature of lodustry terms, instructi business, or establishment in (Buralisn) carefully which employed (or employer) Contributory 9 BIRTHPLACE See in (State or country) 10 NAME OF pe (Signed) C FATHER WITH onld Important. EATH 11 BIRTHPLACE L *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT OF FATHER (State or country) CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, la! SUICIDAL OF HOMICIDAL. PLAINL of information a CAUSE OF D 12 MAIDEN NAME OC. OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, Very OR RECENT RESIDENTS 13 BIRTHPLACE la the At piece OF MOTHER (State or country) Slais, yrs, ... yrs.ds. of desth 66 should state CAU Where was dissess centracted, THE BEST OF MY KNOWLEDGE 14 THE ABOVE IS TRUE TO If not al place at death ?. usual residence DATE OF BURIAL PLACE, OF BURIAL OR REMOVAL (Address) 15 0 REGISTRAR Z If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autois provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, If retired from

Statement of Cause of Beath—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from ehildete., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease eausing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... "Heart failure," "Haemorrhage," "Inanition," "Maras-"Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of or misearriage as "Puenpenal septichaemia," by railway train-accident; Revolver wound The contributory (secondary or intereur-State cause Never report mere (Recommendations "Exhaustion," for which



ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION Is very RECORD

PERMANENT

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UNFADING INK-THIS IS

	¹PLAGE OF DEATH 19869/	CTATE OF MADULAND
yery	M .	STATE OF MARYLAND CERTIFICATE OF DEATH
blu Is	County Mashington	497
SICIANS shoul	1/	Registration Dist. No.
PAT	Village or City Stagerstown (No.	St.; Ward) [It death occurred in a hospital or institution,
CCU		give Its NAME Instead
HYS f O	2FULL NAME	ot street and nomber.]
r. P	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
KACTLY.	SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
sta	Male Mats (Write the word)	(Month) (Day (Year)
Kact	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
stat	1/ 16 1915	100 16 , 1913, to 100 16 , 1915,
ld be s	(Month) (Day (Year)	that I last saw h W alive on Shill Bon , 1913
class	7 AGE If LESS than t day, P. hrs.	and that desth occurred on the date stated shove, at
£	yrsds. ORmin.?	The CAUSE OF DEATH* was as follows:
AGE s	GOCCUPATION (a) Trade, protession, or	(perestis mother
	particular kind of work /10229	(ymas gestaling)
be be	(b) General nature of industry, business, or establishment in	
may may	which employed (or employer)	Contributory (Ouration) yrs mos
arefully su that it m certificate.	9 BIRTHPLACE (State or country)	Secondary
that cert	10 NAME OF 10	(Duration)yrsmosds.
0 000	FATHER Law Eyetts Juo. Murray	(Signed) // A Comptelf, M. D.
ns.	OF FATHER N	1/ov. 18 1913 (Address) Hagersland
ter on t	11 BIRTHPLACE OF FATHER (State or country) Japaning (12 Maiden Name OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
on s	of MOTHER Believe There and	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
	13 BIRTHPLACE n	or RECENT RESIDENTS) At place in the
TH In	(State or country) Marketing (ot death yrs, ds. State yrs, ds
DEA	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
E S .	(Informant) of Murror	Former or usual residence
SE crtan	(Address) - A agorston mel.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Every Ite CAUSE Importan	16	Hagerstown med 1/18/1 1915
3-1	Flied 1/18 1913 Agang Navi	20 UNDERTAKER ADDRESS
Z.	REGISTRAR	Father Hagerstown mil

agerstoury med, If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not mine, etc. it should be used only when needed. Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," -Precise statement of occupa-As examples: (0)

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such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canchildbirth or miscarriage as "Puerperal septichacctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) Never report



RECORD	PHYSICIANS should to of OCCUPATION IS
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.
	m

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state

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 316 If death occurred lu Ward) a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF 3 SEX 4 COLOR, OR RACE 5 SINGLE. DATE OF DEATH MARRIED. 191. ORDIVORCED (Write the word) (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH 1910 to 10 (Month) (Day (Year) 7 AGE If LESS than and that desth occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH * was as follows: OR 7 CCUPATION (a) Trada, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) mos. which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE , 191. (Address) PARENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death _____ yrs. mos. ___ ds. State _____ yrs.__ Where was disease contracted, 14 THE ABOVE IS THUE KNOWLEDGE If not at place of death? Former or usual residence LACE OF BURIAL OR REMOVAL DATE OF BUBIAL (Address) 100 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

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should OCCUPATION Registration Dist. No. PHYSICIANS Ilf death occurred in a hospital or institution. give its NAME instead of street and number.] 0 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT 3 SEX S SINGLE, Y 16 DATE OF DEATH MARRIED, WIDOWED, BINDING (Month) (Day (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 10,30% 1 day,hrs. The CAUSE OF DEATH OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. UNFADING business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF Daniel a FATHER ARENTS 11 BIRTHPLACE (Address) OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. ATH in plain instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTE, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death yrs. mos. ds. State _____ yrs, ____ mos. ___ DEAT Where was disease contracted. If not at place of death? Former or OF mportant. usual residence. Every It PLACE OF BURIAL OR REMOVAL PATE OF BURIAL 15 20 UNDERTAKER **ADDRESS** REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. As

Very

STATE OF MARYLAND

CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question should be taken to report specifically the occupations duttes of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional live is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfulbeen changed or given up on account of the disease (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (b) As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of tungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septiehaevalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, ctc., of..... (name origin; "Can-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maliginjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: which surgical operation was undertaken. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) (Recommendations on statement of For vio-



Co	PLACE OF DEATH 19871	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 302
Vii	PULL NAME ALL PLA	tus Clleyst; 3 Ward) [If death occurred in a hospital or institution, give its NAME instead of street end nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
PARENTS B 6 (a) bo 8 (a) bo 8 (a) bo 8 (b) bo 9 (b) bo 9 (c) bo 9	ATE OF BIRTH (Month) (Day (Year)	I HEREBY CERTIFY. That I attanded deceased from 1915 to 26 1915. that I last saw h. alivs on dead when Cells 191 and that death occurred on the date stated above, at 300 m. The CAUSE OF DEATH* was as follows; Contributory Secondary (Ouration) yrs. mos. ds. (Signed) (Ouration) yrs. mos. ds. *State the Disease Causing Death, by in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 10 Length of Residence (For Hospitals, Institutions, Transients, or Recent Residenta) At place in the disease contracted, it not at place of death?
	(Informant) Muy Meanuar	Former or usual residence.
16 Fil	ed 11/27 bs1.5 Registrar If more blanks are needed, address State Regist	20 UNDERTAKER Pare of BURIAL 20 UNDERTAKER Pare of BURIAL ADDRESS Pare of BURIAL ADDRESS
		2000



[Approved by U. S. Census and American Public Health Association.]

statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speci-Physician, Compositor, Architect, Locomotive engineer, cated thus: Farmer (retired 6 yrs.) For persons eausing death, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. who receive a definite salary), may be entered as (a) Spinner, it should be used only when needed. As examples: Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-(b) Cotton mill; (a) Salesman, If the occupation has (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples; Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canchildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, "Contributory." injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitie," etc. State cause for eause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasgcnltal," "Senile," etc.), "Dropsy," "Exhaustion," cause of death approved by Committee on Nomenciadent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of



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نب	6 D	ATE OF BIR	TH	2	//	, 1909
should be s y classified.	7 A	GE	E vr	(Month)	(Day	(Year) If LESS that 1 day,hrs
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B.—Every iten GAUSE O Important.	15 File	(Address)	***************************************	-0 "	Fergu	
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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 306

[If death occurred to

NAME Yahu. D. Row	er ward)	a hospital or Institution, give its NAME instead of street and number.]
AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF I	DEATH
COLOR OR RACE Single, MARRIED, WIDOWED, ORDIVERCED (Write the word)	16 DATE OF DEATH (Month) 17 I HEREBY CERTIFY, That I at	25 , 1915 (Day (Year)
(Month) (Day (Year)	that I last ssw h Amalive on Dor 2	25 191/5
11 LESS than 1 day,hrs. ORmln. ?	and that desth occurred on the date stated about The CAUSE OF DEATH* was as follows:	
mone	Diphimera	***************************************
istry, at in yer)	(Duration)	yrs mos/5 ds.
Van Luithsburg	Contributory Secondary (Doration)	.yrsds.
Walter M. Rome	(Signed) Domostofue	we6 , N. D.
ne blay lick Pa	*State the DISEASE CAUSING DEATH, or, in CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, Or HOMICIDAL.	deaths from VioLent (2) whether Acciden-
Ida Hoffman	18 LENGTH OF RESIDENCE (FOR HOSPITALS, IN:	STITUTIONS, TRANSIENTS,
untry) Lagentown UETO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State Where was disease contracted,	yrs,ds
hu M. Rollic	If not at piace of death?	70000000000000000000000000000000000000
michobing usk	19 PLACE OF BURIAL OR REMOVAL	TATE OF BURIAL
1915 J. H. Ferguson. REGISTRAR	29 UNDERTAKER	DDRESS
If more blanks are needed address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. N.	0.1.



[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers minc, etc. material worked on may form part of the second additional line is provided for the latter statement; who have no occupation whatever, write None. been changed or given up on account of the DISEASE fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (4)

Statement of cause of death—Name, first, the Insease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canetc., when a dcfinite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (mereiy symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, cause of death approved by Committee on Nomencla-".Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skuil, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (Recommendations on statement of (secondary or intercurrent)



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

V. S. No. 1.

County & Ashing Ton	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2
Village or City To yelsten (No. 129, Co.)	St.; Ward) [it death occurred in a hospital or Institution, give its NAME instead of sfreet and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hemale Wic & Single, MARRIED. Suigle Willowed, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH 2 2 1915 (Month) (Day (Year)	that I last saw hslive on, [9]
TAGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 2m., The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in	(Duration) yrs mos ds
which employed (or employer) **BIRTHPLACE* (State or country) **Mary land	Contributory Secondary (Doration) yrs mos ds
OFFATHER COLLES To Sagle	(Signed) f. R. Laughlin M. D. Nov. 18, 191 5 (Address) Saguston
11 BIRTHPLAGE OF FATHER (State of country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INATITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af piace in the of death yrs, mos. ds. State yrs, mes. ds Where was disease contracted,
(Interment) ourses Tolagle	if not af piace of death? Former or usual residence.
Filed "/22-, 1915 Tany Davis REGISTRAR	20 UNDERTAKER Frederick Les LADDRESS AL COHLUCUS CONTRACTOR CONTRA
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 4.



[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulapplies to each and every person, irrespective of age. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligsepsis, tetanus) may be stated under the head mia," "PUERPERAL peritonitis," cte. State cause for childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (discase causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. Always qualify all diseases resulting from The contributory (secondary or intercurrent) (Recommendations on statement of



[Approved by U. S. Census and American Public Health Associution.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestic service for wages, as Scrvant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (o) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed But in many cases, If retired from (b) Auto-Civil

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menintunqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetunus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deates etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronges, perilonacum, etc., Carcinoma, Sarcoma, etc., of..... on Nomenclature of the American Medical Association.) Struck "Puenpenal perilonitis," etc. cause. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," rent) affection need not be stated unless important. nephritis, etc. cough; Chronic valendar heart disease; Chronic interstitud birth or miscarriage as "Puerperal septichaemia," "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from childby railway The contributory (secondary or intercurtrain-accident; Revolver wound State cause for which Never report mere

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC -7 1915 BURBAU, V.S.

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V. S. No. 1.

of of	1 PLACE OF DEATH 19875	STATE OF MARYLAND
SICIAN	County Washington (P)	CERTIFICATE OF DEATH
HYSICIAN statement		Registration Dist. No. 3.0.0
PHY t stal	Village or City Sharpstrug (No,	St.; Ward) [If death occurred in a hospital or institution,
Exac	2 FULL NAME John Daniel Say	give its NAME instead of street and number.]
EXAC sified.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
clas	nale 4 color or race 5 single, MARRIED, Wiooweo OR DIVORCEO (Write the word)	16 DATE OF DEATH 28 , 1915 (Month) (Day) (Year)
hould be st be properly certificate	6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended deceased from
should be pre f certi	(Month) (Day) , 1 & O	that I last saw h alive on her 26, 1915,
GE sh may b ck of o	7 AGE If LESS than 1 day, hrs.	and that death occurred on the date stated above, at C.A. m.
AGE s it may back of	5 4 yrs. // mos. // ds. OR min.?	The CAUSE OF DEATH * was as follows:
hat on	8 OCCUPATION (a) Trade, profession, or	
Soo	particular kind of work (b) General nature of Industry	- Several results
	business, or establishment in which employed (or employer)	(Buration)yrs mos ds.
plain term	9 BIRTHPLACE (State or country) Mayland	Secondary - (Burgijon)
2 5	10 NAME OF Award Saylor	(Signed) 2- M. Great M. D. M. D. M. D. (Address) Phur policy lung
ion should F DEATH important	11 BIRTHPLACE OF FATHER (State or country) 12 MAIOEN NAME 12 MAIOEN NAME 14	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,
40a	of MOTHER Watelda Jewill	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
informat AUSE O	13 BIRTHPLACE OF MOTHER (State or country) May and	At place In the of death yrs. mos. ds. State, yrs. mos. ds.
tate C/	(Informant) Benjiman Saylor	if not at place of death? Former or sual residence
Every item of ir should state CA OCCUPATION	(Address) Samples Mann	19 PLAGE OF BURIAL OR REMOVAL OATE OF BURIAL
B.—Eve	Filed 11/30/, 191 5 Chas N. Hoffmaster REGISTRAR	20 UNDERTAKER LES Williamshort
ż	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto, Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

6 yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Doy luborer, Farm luborer, Loborer is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton taken to report specifically the occupations of persons employed, as At school or At home. Care should be "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foremon, (b) Autobusiness or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, cian, Compositor, Architect, Locomolive engineer, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Coal mine, etc. Statement of Occupation-Precise statement of occupa-Stationary fireman, etc. The material worked on may form part Women at home, who are engaged in Never return "Laborer," But in many cases, If retired from

Statement of Cause of Death—Name, first, the disease causing reaction with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopmeumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by Struck by railway train-accident; Revolver SUICINAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Uracnia," "Weakness, birth or misearriage as "Puerperal scritchurmia," "Puerperal peritonitis," etc. State cause for which genital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. Never report mere rent) affection need not be stated unless important. cough; Chronic valeular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of The contributory (secondary or intercur-"Dropsy," "Exhaustion," carbolic acid—probably wound of



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V. S. No. 1.

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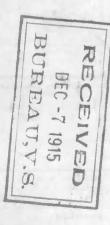


[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servont, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Form laborer, Loborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer." etc., without more mobile factory. The material worked on may form part mill; (a) Salesmon, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to Housemaid, etc. If the occupation has been changed business or industry, and therefore an additional line is provided for the latter statement; it should be used engineer, Stationary freman, etc. But in many cases, first line will be sufficient, c. g., Former or Plonter, Physiness of various pursuits can be known. The question tion is very important, so that the relative healthfulknow (a) the kind of work and also (b) the nature of the cion, Compositor, Architect, For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of Occupation-Precise statement of occupa-Coal mine, etc. For persons who have no occupation whatever, Women at home, who are engaged in Locomotive engineer, If retired from

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mus," "Old Age," "Shock," "Uracmia," "Weakness," on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull Struck by railway train—accident; Revolver wound head—homicide; Poisoned by corbolic ocid—proba to determine definitely. Examples: Accidental drowning, SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "Puerperal peritonitis," etc. State cause for which cause. etc., when a definite disease can be ascertained as the "Heart failure," "Hecmorrhage," "Inanition," "Marasgenital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Never report mere Example: Meosles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. eough; Chronic valvular heart disease; Chronie interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name- origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Corcinoma, Sorcomo, etc., of..... "Anaemia" or miscarriage as "PUERPERAL septichaemio," Always qualify all diseases resulting from child-"Coma," (merely symptomatic), "Atrophy, oma," "Convulsions," "Debility" The contributory (secondary or intercur-"Dropsy," "Exhaustion," corbolic ocid-probably "Atrophy," ACCIDENTAL, (FCon-



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	WRITE PLAINLY, WITH UNFADING INK-THIS IS	Every Item of information should be carefully supplied. AGE should	CAUSE OF DEATH in plain terms, so that it may be properly class
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STATE OF MARYLAND CE OF DEATH CERTIFICATE OF DEATH Registration, Dist. No. lit death occurred in a hospital or Institution. give its NAME instead of street and number.] 2FULL NAME..... PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, Man 1915 WIDDWED, (Month) (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date atated above, at 1 day,....hrs. OF DEATH* was as follows: OR min. ? 6 OCCUPATION (a) Trada, profession, or particular kind of work. (b) General nature of Industry, business, or establishmanf in which amployed (or amployer) Contributory BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER *State the DISEASE CAUSING DEATH Or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-(State or country) 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death yrs. mos. ds. State yrs, mos. ds Where was disease contracted. TO THE BEST OF ME KNOWLEDGE If nof at place of death? Former or usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 J. 191 . 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin 41, Balto., Requesting V. S. No. 1.



TOPE BENCHAL

[Approved by U. S. Census and American Public Health Association.]

Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the

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such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." lnjury, as fracture of skull, and consequences (c. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify. as childbirth or mlscarriage as "Puerperal septiehae-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic); "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: affection need not be stated unless important. ture of the American Medical Association. sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

	Registration Dist. No. 366
Hage or City Toudsville (No., 2 FULL NAME Tarry Smith	St.; Ward) [If death occurred is a hespital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Mile Single, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH
DATE OF BIRTH 5- /6 , 1/8/ (Month) (Day) (Year	
OCCUPATION (a) Trade, prefession, or particular kind of work	The CAUSE OF DEATH & was a fit
(b) General nature of industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Similar Orace 222 C	reglect end went of Case and treatments Contributory It isn't really anyon Contributory on physician pan in
10 NAME OF FATHER John. 11. Suistle 11 BIRTHERICE OF FATHER (State or country) Man Pondeville. 12 MAIDEN NAME	(Signed) Surparsed to have died yesterder, M. Nov. 181, 1915. (Address) J. A. Massie Mid. State the Dierase Causing Dyate, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicioal.
13 BIRTHPLACE OF MOTHER (State or country) Poudsaulle THE ABOVE IS TRUE TO THE REST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At placs In the of death
(Address) Ponds ville	Former er usual rasidence 19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL FOR 19 14 1915
Fled Nov. 18, 1915 J. H. Ferguson	Leo B loover Suitelling 22.

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician. Compositor. Architect. Locomotive engineer. Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill: (a) Salesman. (b) Crocery: (a) Foreman. (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Form laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the ecupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write Mone.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"), Deptheria (avoid use of "Croup"); Typhoin four (nexer report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonaeum, ctc., Carcinoma, Sarcoma, etc., of (name origin: "Cancer" is less definite; avoid use of "Tunior" for inalignant neoplasms); Measles: Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intereurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary). 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Ansemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "H emorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Uracmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and eonsequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of eause of death approved by Committee on Nomenclature of the American Medical Association.)

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No....

Ilt death occurred in -Ward) a hospital or institution, give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. 1915 WIDOWED. (Month) (Day (Year) ORDIVERCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Dav (Year) TAGE It LESS than and that death occurred on the date stated above, at f day brs. OR 7 CCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) BIRTHPLACE Contributory. (State or country) Secondary 10 NAME OF FATHER 11 BIRTHPLACE (Address) OF FATHER (State or country) AREN *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONA, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country yrs, mos. ... State Where was disease contracted. 14 THE ABOVE it not at place of death?. Former or usuai residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V.



[Approved by U. S. Censns and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, cated thus: Farmer (retired 6 yrs.) For persous Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not minc, etc. additional line is provided for the latter statement; the nature of the business or industry, and therefore an ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatemeut. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmor or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. (a) Spinner, (b) Cotton mill; (a) Salcsman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

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VIllage or City Hage session (No. 7// 7.	STATE OF M CERTIFICATE Registration St.: Ward)	OF DEATH Dist. No. 302
2 FULL NAME Still Gos	w	a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATI	OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE WINDOWS OF DIVORCED (Write the word) AWALL	16 DATE OF DEATH (Mont	h) (Day) (Year)
6 DATE OF BIRTH // 6 19/5		, 191
(Month) (Day) (Year) 7 AGE If LESS than 1 day, hrs. mos. ds. or min. ?	and that death occurred on the date	stated above, at m
B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)	(Duretion) yrs. mos. dd
10 NAME OF FATHER	Contributory Secondary O (Burgillon	June 100
11 BIRTHPLACE OF FATMER (State or country) 12 MAIDEN NAME OCEOL OUTPY NOTICE OF FATMER (State or country)	(Signed) State the Dispass Causing Duays, and Causing Injury; and Suicidal of Homicidal.	or, in deaths from VIOLENT and (2) whether ACCIDENTAL,
of Mother Constraint C	18 LENGTH OF RESIDENCE (FOR HOSPITAL OR RECENT RESIDENTS)	
(Informant) The BEST OF MY NOWLEDGE	If not at place of death?	
(Address) / La gravatorine	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
FRE 11-6-, 1915 26 erry & aus	20 UNDERTAKER	ADDRESS
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No.). 1.

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner. (b) Cotton mill; (a) Salesman, '(b) 'rocery; (c) Foreman, (b) Autamobile factory. The material wer et on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Feeler," etc., without more precise specification as Day laborer, Form laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 urs.). For persons who have no occupation whatever. write None!

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Branchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin: "Cancer" is less definite: avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.: Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (mcrely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Heemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from ehildbirth or misearriage as "Puerperal septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-accident: Revolver wound of head-hamicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

V. S. No. 1.

1 PLACE OF DEATH County Washington 19881	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 302
Village or City Hagerstown (No.535, Ser.	[If death occurred in a hospital or institution, give its NAME instead of streef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Wichouse Male White Write the word	16 DATE OF DEATH // - /6 -, 1915 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from 15 ,1915, to from ,15 ,1915 , that I last saw him alive on from ,15 ,1915 ,
7 AGE If LESS than 1 day, hrs. OR min. ?	and that death occurred on the date stated above, at 2.751m. The CAUSE OF DEATH * was as follows:
S OCCUPATION (a) Trade, profession, or Peturiol (b) General nature of industry business, or establishment in which employed (or employer)	(Duration) yrs. mos/8 hog
9 BIRTHPLACE (State or country)	Secondary (Duration), Ars. mos. ds.
OF FATHER OF FATHER OF FATHER (State or country) Md	(Signed) Well Makeise , M. O. (Signed) Hages tory Med. State the DISEASE CAUSING DEATH or, in deaths from Violent
of MOTHER 13 BIRTHPLACE	*State the DISEASE CAUSING DEATH OF, in deaths from VIOLENT CAUSES, state (J) MEANS OF INJURY and (2) whether Accidental, Suicidal of Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in ths
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informati)	of deeth yrs. mos. ds. State, yrs. mos. ds. Where was dissess contracted, It not at place of death? Former or wsual residence
(Address) Hagerstain Md	Boours for Md Date of Burial
Filed 17, 191.5 Penry States REGISTRAR	Wass Bros Hagers Town 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housebusiness, that fact may be indicated thus: Farmer (retired engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be "Foreman," "Manager," "Dealer," etc., without more or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative healthful-Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, various pursuits can be known. The question The material worked on may form part Women at home, who are engaged in Locomolive engineer, If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, telanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of. . . on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee head-homicide; Struck by railway train-accident; Revolver wound surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Anaemia" symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Broncough; Chronic valuator heart disease; Chronic interstitual "Tumor" for malignant neoplasms); Measles; Whooping to determine definitely. Examples: Accidental drowning; rent) affection need not be stated unless (name origin; "Cancer" is less definite; avoid use of or miscarriage as "Puenpenal septichaemia," "Coma," The nature of the injury, as fracture of skull, "Senile," etc.), (merely symptomatic), The contributory (secondary or intercur-Poisoned by "Convulsions," "Dropsy," carbolic ocid-probably State cause for which "Debility" Never report mere "Atrophy," "Exhaustion," ACCIDENTAL, unportant. ("Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

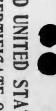
DEC -7 1915 BURBAU, V.S.

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	should ion is
RECORD	PHYSICIANS of OCCUPAT
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is Important. See instructions on back of certificate.
IIS IS A PE	should be state r classified. Ex
IC INK-TH	oplied. AGE s
UNFADIN	so that it ma
NLY, WITE	on should be plain terms, a ons on back
VRITE PLAI	Every Item of information should be carefully sup CAUSE OF DEATH in plain terms, so that it ma Important. See instructions on back of certificate.
2	Every iten CAUSE O Important.

STATE OF MARYLAND CERTIFICATE OF Registration Dist. N a hospital or institution. give its NAME Instead of street and number.] 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 18 DATE OF DEATH 4 COLOR OR RACE S SINGLE, MARRIED. WIDOWED. (Month) Write the word) (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE if LESS than and that death occurred on the date stated above, at f day hrs. The CAUSE OF DEATH * was as follows: OR 7 8 QCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment to (Duration) which employed (or employer) BIRTHPLACE Contributory... (State or country) 10 NAME OF FATHER Nov 20, 191 3. (Address) ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ State _____ yrs. ___ _ ds. Where was disease contracted, if not at place of death?-Former or usual residence. DATE OF BURIAL (Address) 15 20 UNDERPAKER REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. Mo. 1.



[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," As examples: The

pneumonia"); Lobar pneumonia; Bronchopneumonia icsis of lungs, meninges, peritonaeum, etc., Carcin-("Pneumonia," unqualified, is indefinite): Tubercubrospinal meningitis"); Diphtheria (avoid use of fever (the only definite synonym is "Epidemic cereterm for the same disease. Examples: Ccrcbrospinal time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to Statement of cause of death-Name, first, the DISEASE Typhoid fever (never report "Typhoid

> thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "l'uerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerreral septichaeeause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "Asample: Meastes (disease eausing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head of (secondary or intercurrent) Ex-

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all ques-



7. S. No. 1.

RECORD PHYSICIANS should state of OCCUPATION is very	of OCCUPATION Is very	Village or City Big Follow	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]
H .	ent.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
PERMANEN		Male Hite Single, Married Widowed, Warter the word) 8 DATE OF BIRTH Oel- 2/ 1872	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY GERTIFY, That I attended deceased from 1915, to 1915, 1915
4	8 8	(Month) (Day (Year)	that I last saw have alive on 1220 120 1915
K-THIS IS AGE should	ly cla	TAGE ## Boccupation (a) Trade, profession, or particular kind of work ## Boccupation (a) Trade, profession, or particular kind of work ## Boccupation Common	and that death occurred on the date stated above, at 7,30 Rm The CAUSE OF DEATH * was as follows: Regult Seels
DING INK	may fe.	(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos di
WRITE PLAINLY, WITH UNFAI Every item of information should be carefully GAUSE OF DEATH in plain terms, so that it important. See instructions on back of certifical	s, so that ck of certif	10 NAME OF JACOB Spreaker	(Sighed) Deuthan P. Ferry, M. L.
	in plain uctions o	12 MAIDEN NAME Wary Frong 13 BIRTHPLACE OF MOTHER (State or country) Wishington	*State the DISEASE CAUSING DEATH, Or, in deaths from VIOLENCAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, of Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transients or Recent Residents) At place in the of death yrs
	Sec	(Informant) AND John Street (Address) Big Droll R.D.	If not at piace of death? Former or osual residence. 19 PLACE OF BURIAL OR REMOVAL Rose Hell ClearShe Dec. 191.5
i a		Filed day 2 9, 1913 Will REGISTRAR W	Frank Brotled, Clear Stoin
		It more blanks are needed, address State Regis	strar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

duties of the household only (not paid Housekeepers statement. Never return "Laborer," "Foreman," who have no occupation whatever, write Nonc. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary-freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the As examples: (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubereucisis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scutichaccause. ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) "Contributory." by curbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of For Vio-



PHYSICIANS should of OCCUPATION IS RECORD PERMANENT EXACTLY BINDING pino properly INK Ш pe Ilddus may 80 WITH terms. pinou plain = EATH WRITE A OF important. Every It

certificate.

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Instructions

Very

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEAT Registration Dist. No.3 [If death occurred in a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIED. 191: WIDOWED. (Month) ORDIVORCED (Write the word) (Day (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1/2 30 am 1 day hrs. The CAUSE OF DEATH* was as follows: OR min. ? POCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE (Direct) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONA, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ ds. State yrs, mos. ... Where was disease contracted. If not at place of death?-Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin Sch. Malto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations dutics of the household only (not paid Housekeepers additional line is provided for the latter statement; the nature of the business or industry, and therefore an ness of various pursuits can be known. The question gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not mine, etc. "Manager," "Dealer," etc., without more precise specistatement. cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, rcturn "Laborer," If the occupation has As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic LENT DEATHS state MEANS OF INJURY and qualify as valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. by carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) (Recommendations on statement of Never report For vio



PHYSICIANS should state Exact statement of OCCUPATION is very RECORD PERMANENT stated carefully supplied. AGE should be st that it may be properly classified. WRITE PLAINLY, WITH UNFADING INK-THIS of information should be carefully su.

DEATH in plain terms, so that it m:
See instructions on back of certificate. Item E OF CAUSE OF Important. N. B.

County Markey bre

STATE OF MARYLAND CERTIFICATE OF DEATH

1,	Registration Dis	it, No.
Village or City August Town (No	St.; Ward	[If death occurred to a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) 17 I HEREBY CERTIFY. That	26 ,1915 (Day (Year)
DATE OF BIRTH NOV 76, 1915 (Month) (Day (Kear)	that I lest saw h alive on	, 191
Mesering Two littless than 11/10 hrs.	and that desth occurred on the date stated. The CAUSE OF DEATH* was as follows:	l above, atm,
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishmeet in which employed (or employer) BIRTHPLACE (State or country)	Contributory Secondary (Duration)	yrs mos ds.
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, of CAUSES, State (1) MEANS OF INJURY; a TAL, SUICIDAL, or HOMICIDAL.	ens Town
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS OF RECENT RESIDENTS) At place In the of death yrs. mos, ds. State Where was disease contracted.	
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	If not at place of death? Former or usual residence.	
(Address)	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Filed 1946 1915 Heury Hauts REGISTRAN	20 UNDERTAKER	ADDRESS
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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Censns and American Public Health Association.]

gainfully employed, as At school or At home. Care dutics of the household only (not paid Housekeepers Physician, Compositor, Architect, Locomotive engineer, cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. statement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. Statement of occupation-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons -Precise statement of occupa-As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritongeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclamia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopnoumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for malig-"Contributory." scpsis, tctanus) may be stated under the head of such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent)



1 PLACE OF DEATH

2 FULL NAME Olla, A. Storle	St.; 3 Ward) [If death occ a hospital or in give its NAME of street and a
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED Harried	16 DATE OF DEATH MOV 2C (Month) (Day)
E OF BIRTH OAK 17	HEREBY CERTIFY, That I attended decease now 26
(Month) (Day) (Year)	that I last saw her alive on 12 - 24
Byrs mos 9 ds OR min.?	and that death occurred on the date stated above, at
Trade, profession, or House suite	Remarkation
ess, or establishment in employer)	Duration) yrs. mos.
THPLACE State or country)	Secondary Buretian yrs. mos.
ONAME OF John W Bray	(Signod) Q (II) (DVE Car
OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from Vic CAUSES, state (1) MEANS OF INJURY; and (2) whether Accide
OF MOTHER Kath These	SUICIDAL OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRA OR RECENT RESIDENTS)
OF MOTHER (State or country)	Al place In the of death yrs. mos. ds. State, yrs. mos Where was disease contracted,
nformant) L. W. Stark	If not at place of death? Former or usual residence
(Address) Hageratown Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIA
	PERSONAL AND STATISTICAL PARTICULARS 4 COLOR OR RACE WIDOWED OR DIVORCED Harricol (Month) (Day) 15 LESS than 1 day, hrs. OR min.? UPATION (rade, profession, or ular kind of work General nature of Industry Pess, or establishment in employed (or employer) THPLACE tatte or country) O NAME OF FATHER 1 BIRTHPLACE (State or country) 2 MAIDEN NAME OF MOTHER (State or country) ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE formant) A BOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

STATE OF MARYLAND



[Approved by U. S. Census and American Public Health Association.]

the duties of the household only (not paid Housekeepers write Nonc. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons precise specification as Doy laborer, Farm laborer, Lubarer "Foreman," "Manager," "Dealer," etc., without more business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton of the second statement. mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoespecially in industrial employments, it is necessary to cian, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulknow (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the -Cool mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Never return "Laborer,"

Statement of Cause of Death—Name, first, the disease causing death—Name, first, the disease causing death with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar memonia, Bronchopneumonia ("Pneumonia,") unqualitied, is indefinite); Tuberculosis of lungs, menin-

genital," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations to determine definitely. Examples: Accidental drowning. SUICIDAL, or HOMICIDAL, or as probably such, if impossible chopneumonio (secondary), 10 ds. Never report merc and consequences (e. g., sepsis, telonus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway troin—accident; Revolver wound state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For yiolent deaths "Puendenal peritonities," etc. State cause for which etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maraslapse," "Coma," "Anaemia" symptoms or terminal conditions, such as "Asthenia," surcide. birth or miscarriage as "Puerperal septicharmia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitiol "Tumor" for malignant neoplasms); Mcasles; Whooping Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Senile," etc.), (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercur-"Dropsy," "Exhaustion,"



1 PLACE OF DEATH STATE OF MARYLAND PHYSICIANS t statement of CERTIFICATE OF DEATH Registration Dist. No. Lif death occurred in a hospital or institution. EXACTLY. give its NAME Instead of street and number.] RECORD PERSONAL AND STATISTICAL MEDICAL CERTIFICATE 3 SEX SINGLE. 16 DATE OF MARRIED. PERMANENT WIDOWED OR DIVORCED (Month) (Day) CERTIFY. That I attended deceased from 6 DATE OF BIRTH should pe 7 AGE of If LESS than may and that death occurred on the date stated above, at Ш 1 day, hrs. O The CAUSE OF DEATH * was as follows: THIS min. ? 8 OCCUPATION
(a) Trade, profession, or ed tha ons INK suppli particular kind of work 20 (b) General nature of industry terms business, or establishment in UNFADING (Ouration) yrs.... which employed (or employer 9 BIRTHPLACE Contributory Secondary (State or country) See 2 10 NAME OF FATHER pino mportant H PARENT ATHER te or country) 4 *State the DISPASS CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, 12 MAIDEN NAME ۵ SUICIDAL OF HOMICIDAL. MOTHER E OF 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place to the SO infor OF MOTHER WRITE of deathута. Stats, (State or country) mes.ds. Where was diseasa contrasted, 14 THE ABOVE Every item of is should state C. If not at place of death?..... usuat rasidasca 15 20 Filed 0 Z If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

business, that faet may be indicated thus: Farmer (retired state oecupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. 'Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age ness of various pursuits can be known. tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no oeeupation whatever, The material worked on may form part Locomotive engineer, But in many cases, If retired from The question (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tubcrculosis of lungs, menin-

on Nomenelature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and eonsequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maraslapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless important. ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "PUERPERAL perilonitis," etc. "An emia" (merely symptomatic), chopneumonia (seeondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Meastes; Whooping " "Old Age," "Shoek," "Uracmia," "Weakness," or misearriage as "Puenperal septichaemia," by railway Always qualify all diseases resulting from child-The contributory (secondary or intercurtrain-accident; Revolver State cause "Atrophy," "Col-Never report mere nound



BINDING

FOR

RESERVED

MARGIN

PLACE OF DEATH County Washing tow	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Hagerstown (No Calves	Registration Dist. No. 22 A Control of St.; 2 Ward) [If death occurred in a hespital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORED OR DIVORED OR DIVORED OR DIVORED OF THE COLOR OF THE THE WORLD OF THE WORD OF THE WORLD OF THE WORLD OF THE WORLD OF THE WORLD OF THE WORD	16 DATE OF DEATH Wounder 22 nd , 1915' (Month) (Day) (Year)
B DATE OF BIRTH Sept. (Month) (Day) 1 (Year	17 I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1915, to 22, 1915 that I last saw h. W. alive on 22, 1915
7 AGE If LESS 17 1 day, h	and that death occurred on the date stated above, at
SOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of ledustry business, or establishment in which empleyed (or employer) BIRTHPLACE (State or country) Summary BIRTHPLACE (State or country)	laving been hurled to street ly briefelt hum whose causing faralysis of left side of facel & deplation (Burstion) contributory Secondary
(State or country) (State or country) 10 NAME OF FATHER (State or country) 10 NAME OF ATTENTION AND AND AND AND AND AND AND AND AND AN	(Signed) J. W. Humm clurus M. B.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	**State the DIREARE CAUSING DWATH, Or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yre. mee. de. State, yre. mee. de Where was disease centracted,
(Informant) Mrs. W. Van Lear (Address) Wilmington Del.	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL / DATE OF BURIAL
Filed 1/14, 1915 Herry Davis	Williamshort M 124, 101 of 20 UNDERTAKEN Son Nagenton
If more blanks are needed, address State Registr	ar 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



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applies to each and every person, irrespective engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil ness of various pursuits can be known. The question business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or Al Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to For many occupations a single word or term on the tion is very important, so that the relative healthfulwrite None. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. Statement of Occupation-Precise statement of occupa--Coal mine, etc. Women at home, who are engaged in For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

rent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... eause. Always qualify all diseases resulting from child-birth or miscarriage as "Puerperal septicharma," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Narasmus," "Old Age," "Shock," "Uraemia," "Weakness," Example: Measles (disease eausing death), 29 ds.; Bronnephritis, etc. "Tumor" for malignant neoplasms); Measles; Whowping (name origin; "Cancer" is less definite; avoid use of on statement of cause of death approved by Committee and consequences (e. g., scpsis, telanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. State cause for which etc., when a definite disease can be ascertained as the lapse," symptoms or terminal conditions, such as "Asthenia," chopneumonia on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations head-homicide; Poisoned by "Anaemia" by railway train-accident; Revolver wound of "Coma," The nature of the injury, as fracture of skull, (merely symptomatic), "Atrophy," "Colona," "Convulsions," "Debility" ("Con-(secondary), 10 ds. The contributory (secondary or intercurcarbolic Never report mere acid-probably



V. S. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

		19889	
1		1 PLACE OF DEATH	STATE OF MARYLAND
1	Co	ounty Mashmodian	CERTIFICATE OF DEATH
İ		0 4 10 11	Registration Dist. No. 306
	Vil	Property State of the State of	St.; Ward) [If death occurred la a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH
- dans	35	Market (Write the word)	(Month) (Day (Year)
	6 DATE OF BIRTH		17 Oct 30 1915, to Nov 9 1915,
		(Month) (Day (Year)	that I last saw h sam alive on Nov 9 1915
	7 A	GE If LESS than	and that death occurred on the date stated above, at 2 - 10 6 m.
		/ day,hrs.	The CAUSE OF DEATH * was as follows:
		CCUPATION Trade, profession, or	following exhaustion terms
0	pa	irticular kind of work	typhoed year. His beauthers
0	bus	General nature of industry, siness, or establishment in	Current 2 cus (Duration) yrs / mos 4 ds
2	-	ich employed (or employer)	Contributory Was extreme wecelined
3	9 BIRTHPLACE (State or country) Masselmus		from perry (29ration) yrs I mos H ds.
2		10 NAME OF TATHER	(Signed) The Wasse un
2	S	11 BIRTHPLACE	Nov. 9, 191 5 (Address & Smithsbury
2	ARENTS	OF FATHER (State or country)	
9		12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, OF deaths from VIOLANT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
0110	O.	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
100		OF MOTHER (State or country)	At place of death yrs mos ds. State yrs mos ds
		THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted. Leterstall falls
		(Informant)	Former or oscal residence Colorentall Pails.
100		(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16		24 . 1 20 11 4	to huge tall falls Noval 1915
	FI	100 Nov. 10, 1915 J. H. Forgas	20 UNDERTAKER ADDRESS ADDRESS
		If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto, Requesting S No. 1

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. of persons engaged in domestle service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or Al home. duties of the household only (not paid Housekeepers mine, etc. statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But iu many Physician, Compositor, Architect, Locomolive engineer, first line will be sufficient, e. g., Farmer or Ptanter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfuleated thus: CAUSING DEATH, state occupation at beginning of Illwho receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked ou may form part of the second (a) Spinner, who have no occupation whatever, write None. been changed or given up on account of the disease Scrvanl, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic eerebrospinal meuingitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State eause for ehlldbirth or misearriage as "Puerpeeal septichaeinus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Deblity" ("Conthenla," "Auaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) eause of death approved by Committee on Nomenelasepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. etc., when a defiuite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. "Coutributory." by carbolic acid-probably suicide. The nature of the denl; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Seuile," etc.), (Recommendations on statement of (disease eausing death), 29 ds.; "Dropsy," "Exhaustion," Never report For vio-



DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be it important.

1 PLACE OF DEATH County Warf.

19890



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 301

Village or City I VM EDRILLE (No., -	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fernal While Single, MARRIED, WIDOWED, Length ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I hEREBY CERTIFY. That I attended deceased from
(Month) (Day (Year)	1915 to ACY 8 , 1915 that I last saw h alive on Oct 9 , 1915
TAGE 2 yrs 6 mos /2/ ds or min.? **Boccupation** (a) Trade, profession, or particular kind of work.	and that death occurred on the date stated above, at 3.309,m. The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer) PBIRTHPLACE (State or country) 10 NAME OF FATHER PLU 11 BIRTHPLACE OF FATHER (State or country)	(Duration) yrs mos ds. Contributory Secondary (Doration) yrs mos ds. (Signed)
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs mos ds Where was disease contracted, it not at place of death? Former or
(Address) A Leserville Such 16 Filed New 8, 1915 C DB alor Da D REGISTRAR	19 place of Burial or REMOVAL DATE OF BURIAL Non G., 1912 20 UNDERTAKER ADDRESS ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. who have no occupation whatever, write Nonc. essary to know (a) the kind of work and also (b) For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e.g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septiehaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakuess," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Heart failurc," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) (Recommendations on statement of



statement EXACTLY PERMANE Exact v THIS AGE sho supplied. UNFADING may pino = DEATH 0 OF

Instructions

Important. CAUSE

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PHYSICIANS shoul of OCCUPATION

of

RECORD

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registered No. 303 (If death occurred in St:....Ward) a hospital or institution. give its NAME instead of street and number.] CERTIFICATE OF DEATH MEDICAL PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 4 COLOR OR RACE 3 SEX MARRIED. WIDOWED, MR 2 Zees (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH 1850 (Year) (Month) (Day) TAGE if LESS than and that death occurred on the date stated above, at 6. 1 day,hrs. The CAUSE OF DEATH* was as follows:min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) which amployed (or employer) Contributory ⁹BIRTHPLACE (State or country) (Secondary) 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country State of death yrs. mos. Where was disease contracted, If not at place of death?... 15

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